
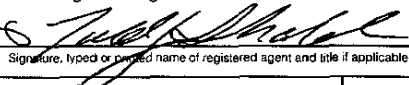
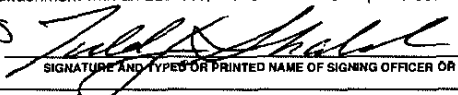


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90046 029 ***150.00

DOCUMENT # P03000032813 1. Entity Name AMERICCLAIM PUBLIC ADJUSTING CORP.			
Principal Place of Business 9195 COLLINS AVE #1114 SURFIDE, FL 33154		Mailing Address 9195 COLLINS AVE #1114 SURFIDE, FL 33154	
2. Principal Place of Business 1440 JFK Kennedy Cswy Suite, Apt. #, etc. 302		3. Mailing Address 1440 JFK Kennedy Cswy Suite, Apt. #, etc. 302	
City & State North Bay Village, FL Zip 33141		City & State North Bay Village, FL Zip 33141	
Country USA		Country USA	
4. FEI Number 14-1877192		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHALACK, TODD J 9195 COLLINS AVE #1114 SURFIDE, FL 33154		7. Name and Address of New Registered Agent Name TODD J. SHALACK Street Address (P.O. Box Number is Not Acceptable) 5701 Collins Ave #9N City MIAMI BEACH FL Zip Code 33140	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  TODD J. SHALACK 3/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHALACK, TODD J 9195 COLLINS AVE #1114 SURFIDE, FL 33154	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
DP SHALACK, MARIA E 9195 COLLINS AVE #1114 SURFIDE, FL 33154	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	5701 Collins Ave #9N MIAMI BEACH, FLORIDA 33140
DP SHALACK, MARIA E 9195 COLLINS AVE #1114 SURFIDE, FL 33154	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5701 Collins Ave #9N MIAMI BEACH, FLORIDA 33140
DP SHALACK, MARIA E 9195 COLLINS AVE #1114 SURFIDE, FL 33154	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5701 Collins Ave #9N MIAMI BEACH, FLORIDA 33140
DP SHALACK, MARIA E 9195 COLLINS AVE #1114 SURFIDE, FL 33154	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5701 Collins Ave #9N MIAMI BEACH, FLORIDA 33140
DP SHALACK, MARIA E 9195 COLLINS AVE #1114 SURFIDE, FL 33154	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5701 Collins Ave #9N MIAMI BEACH, FLORIDA 33140
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  TODD J. SHALACK 3/15/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

94033272



03152004 Chg-P CR2E034 (10/03)