

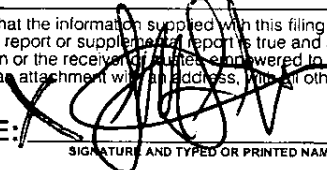


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90052 040 \*\*\*150.00

<b>DOCUMENT # P03000062679</b> 1. Entity Name <b>COAST TO COAST PUBLIC ADJUSTERS, INC.</b>					
Principal Place of Business <b>7221 CORAL WAY STE 209</b> <b>MIAMI, FL 33155</b>			Mailing Address <b>7221 CORAL WAY STE 209</b> <b>MIAMI, FL 33155</b>		
2. Principal Place of Business - No P.O. Box # <b>16215 SW 117 Ave</b>		3. Mailing Address <b>16215 SW 117 Ave</b>			
Suite, Apt. #, etc. <b># 10</b>		Suite, Apt. #, etc. <b># 10</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>			
Zip <b>33177</b>		Country <b>USA</b>		Zip <b>33177</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>74-3094257</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>SOLER, JOSE M</b> <b>7221 CORAL WAY STE 209</b> <b>MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name <b>Soler, Jose M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>16215 SW 117 Ave</b> <b># 10</b> City <b>Miami</b>		
State <b>FL</b>			Zip Code <b>33177</b>		
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 		<b>Jose M. Soler, Director</b>		<b>2/18/07</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SOLER, JOSE M</b> <b>7221 CORAL WAY STE 209</b> <b>MIAMI, FL 33155</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Soler, Jose M.</b> <b>16215 SW 117 Ave #10</b> <b>Miami FL 33177</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FERNANDEZ, ALEJANDRO L</b> <b>7221 CORAL WAY STE 209</b> <b>MIAMI, FL 33155</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Fernandez, Alejandro L.</b> <b>16215 SW 117 Ave #10</b> <b>Miami, FL 33155</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, without other like empowered.					
SIGNATURE: 		<b>Jose M. Soler</b>		<b>2/18/07</b>	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>255-5164</b>	