

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000087132

1. Entity Name
DYNAMIC PUBLIC ADJUSTERS GROUP, INC.



Principal Place of Business
9745 SUNSET DR. # 215
MIAMI, FL 33173

Mailing Address
9745 SUNSET DR. # 215
MIAMI, FL 33173



01092006 No Ctg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0136188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLADARES, MARIA B
6011 S.W. 93 PLACE
MIAMI, FL 33173

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000442502
03/04/06-80021-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VALLADARES, MARIA B
STREET ADDRESS	6011 S.W. 93 PLACE
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	VP
NAME	ORTEGA, MARIA L
STREET ADDRESS	2014 NE 38 RD.
CITY-ST-ZIP	HOMESTEAD, FL 33033

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria L. Ortega
V.P.

Date

Daytime Phone #

1/24/06 (305) 412-3444