

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089233

FILED  
Feb 16, 2005  
Secretary of State

Entity Name: 1ST ALERT PUBLIC ADJUSTERS, INC.

## Current Principal Place of Business:

10250 SW 56 ST STE A102  
MIAMI, FL 33165

## New Principal Place of Business:

2701 LEJEUNE RD  
#405  
CORAL GABLES, FL 33134

## Current Mailing Address:

10250 SW 56 ST STE A102  
MIAMI, FL 33165

## New Mailing Address:

PO BOX 145127  
CORAL GABLES, FL 33114

FEI Number: 20-0250751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SARDINA, GUSTAVO  
10250 SW 56 ST STE A102  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

SARDINA, GUSTAVO  
PO BOX 145127  
CORAL GABLES, FL 33114 US

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.

SIGNATURE:

02/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SARDINA, GUSTAVO P  
Address: 10250 SW 56 ST STE A102  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: ARENCIBIA, LUIS R VP  
Address: 10250 SW 56 STREET STE A-102  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SARDINA, GUSTAVO P  
Address: POBOX 145127  
City-St-Zip: CORAL GABLES, FL 33114

Title: D (X) Change ( ) Addition  
Name: ARENCIBIA, LUIS R VP  
Address: 2701 LEJEUNE RD #405  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO SARDINA

PRES

02/16/2005

Electronic Signature of Signing Officer or Director

Date