

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000112073

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** CLAIMS INVESTIGATION AGENCY, INC.

**Current Principal Place of Business:**

211 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

211 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 51-0486667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKHAM, JAMES  
211 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BLAIR, DONALD  
Address: 211 NORTH KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: STD  
Name: BECKHAM, JAMES  
Address: 211 NORTH KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

I hereby 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 all other like empowered.

SIGNATURE: JAMES BECKHAM

STD

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date