


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90047 003 ***150.00

DOCUMENT # P03000130038	
1. Entity Name INSURANCE LOSS ADJUSTING FIRM, INC.	

Principal Place of Business 6240 SW 3 ST PLANTATION, FL 33317	Mailing Address 6240 SW 3 ST PLANTATION, FL 33317
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2. Principal Place of Business - No P.O. Box # 7027 W BROWARD BLVD	3. Mailing Address 7027 W BROWARD BLVD
Suite, Apt. #, etc. 234	Suite, Apt. #, etc. 234
City & State PLANTATION FL	City & State PLANTATION FL
Zip 33317	Country

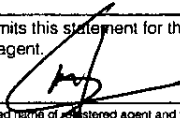


04092007 Chg-P CR2E034 (12/06)

4. FEI Number 90-0121236	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 MORCATE, CARLOS 6240 SW 3 ST PLANTATION, FL 33317	7. Name and Address of New Registered Agent Name: CARLOS MORCATE Street Address (P.O. Box Number is Not Acceptable): 7027 W BROWARD BLVD #234 City: PLANTATION FL Zip Code: 33317
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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.

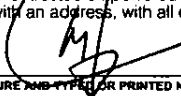
SIGNATURE:  PRESIDENT DATE: 4/9/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORCATE, CARLOS 6240 SW 3 ST PLANTATION, FL 33317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARLOS MORCATE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7027 W BROWARD BLVD #234 PLANTATION FL 33317
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
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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, with all other like empowered.

SIGNATURE:  PRES. 4/9/07 (9) 914-6918.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #