## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 26, 2005 8:00 am Secretary of State DOCUMENT # P04000020961 04-26-2005 90149 037 \*\*\*150.00 FLORIDA PREFERRED PUBLIC ADJUSTER, INC. Principal Place of Business Mailing Address 4334 SW 161 PLACE 4334 SW 161 PLACE MIAMI, FL 33185 MIAMI, FL 33185 2. Principal Place of Business 13876 SW. 56<sup>th</sup> Street 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312005 CR2E034 (10/03) # 422 City & State City & State 4. FEI Number Applied For Florida 77*-062342*L momi Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33175 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENA, MARISOL Street Address (P.O. Box Number is Not Acceptable) 4334 SW 161 PLACE MIAMI, FL 33185 Zip Code City 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PST ☐ Delete ☐ Change ☐ Addition TITLE TITLE PENA, MARISOL NAME NAME 4334 SW 161 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33185 CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**