

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P04000030753

1. Entity Name
M.E.S. PUBLIC ADJUSTERS INC.



Principal Place of Business

**P.O. BOX 558081
MIAMI, FL 33255**

Mailing Address

**P.O. BOX 558081
MIAMI, FL 33255**



04142007 No Chg-P CR2E034 (11/05)

4. FEI Number
77-0623432

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**REYNOSO, MIREYA
6550 SW 53 TERR
MIAMI, FL 33155**

**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

Edgar Suarez

(NOTE: Registered Agent signature required when reinstating)

04/30/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000754010
05/22/07-80045-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REYNOSO, MIREYA
STREET ADDRESS	P.O.BOX 558081
CITY-ST-ZIP	MIAMI, FL 33255
TITLE	VP
NAME	SUAREZ, EDGAR
STREET ADDRESS	P.O.BOX 558081
CITY-ST-ZIP	MIAMI, FL 33255
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:

Edgar Suarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/07

Date

Daytime Phone #