## 2005

## PROFIT CORPORATION ANNUAL REPORT

PRICE INCIDENCE CLAMES ADJUSTERS, INC.    OF HIRY - 2 Pii 3:55	DOCUMENT # P04000150520					41. ED						
MAMA, FL 33173  MAMA FL 33173  A MAMA FL 33173  A MAMA FL 33173  Suite, Apr. 4, etc.  Cry 6, State  Country  S. Certificate of Status Desiries  S. Certifica	1. Entity Name FLORIDA CLAIMS ADJUSTERS, INC.											
Suite. Apt. 4, etc.    Suite. Apt. 4, etc.   D4292005   Chp.P   CR2ES04 (10/05)   D5	10111 SW 72ND STREET		10111 SW 72ND STREET			-						
City & State    City & State   City & State   Section	Principal Place of Business     3. Mailing Address											
Stephanous   Ste	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292005	Chg-	.P	CR2E034 (10/	03)	05	
S. Lestificate of Standarders of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Stee Address (P.O. Box Number is Not Acceptable)  Stee Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits lippidatement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fixeds. I am familiar with, and accept the Addition of the Corporation of the International Agents and I am for Addition of the Corporation of the International Agents and accept the Addition of the Corporation of the International and acceptance of the Addition of the Corporation of the International and acceptance of the Corporation of the International Agents and acceptance of the Corporation of the International Agents	City & State		City & State			. FEI Numbe	r		7			
STEFANO, LESLIE C 10111 SW 72ND STREET MIAMI, FL 33173  8. The above named entity submits this distinction for the purpose of changing its registered office or registered agent, or both, in the State of Piccia. I am familiar with, and accept the obligations of registered the purpose of changing its registered office or registered agent, or both, in the State of Piccia. I am familiar with, and accept the obligations of registered the purpose of changing its registered office or registered agent, or both, in the State of Piccia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piccia. I am familiar with, and accept the obligation of the obligatio	Zip	Country	Zip	Country	5.	. Certificate	of Status I	Desired			nal	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	6. Name and Address of Current Registered Agent				· · · · · · · · · · · · · · · · · · ·							
City FL Zip Code  8. The above named entity submits trapsustement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obligat	10111 SW 72ND STREET			Street Ac	Street Address (P.O. Box Number is Not Acceptable)							
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 deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of the deligation of registered agent, or registered				City	City Zip Code							
SIGNATURE  STRET ADDRESS OTY-ST-2P  TILE  MAKE STRET ADDRESS OTY-ST-2P  TILE  Debte  TILE  MAKE STRET ADDRESS OTY-ST-2P  TILE  Debte TILE  MAKE STRET ADDRESS OTY-ST-2P  TILE  Debte TILE  MAKE STRET ADDRESS OTY-ST-2P  TILE  Debte TILE  Debte TILE  MAKE STRET ADDRESS OTY-ST-2P  TILE  MAKE STRET ADDRESS OTY-ST-2P  TILE  Debte TILE  MAKE STRET ADDRESS OTY-ST-2P  TILE  Debte TILE  MAKE STRET ADDRESS OTY-ST-2P  TILE  Debte  TILE  MAKE STRET ADDRESS OTY-ST-2P  TILE  Debte TILE	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											
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE PO STEFANO, LESLIE C INT. S. P. Delete INT. P. D. LESTIE C. S. FE FAUV Change (Madditon SWET ANDRESS)  1011 SW 72ND STREET  1011 SW 72ND STREET  1011 SW 72ND STREET  1011 SW 72ND STREET  1012 CITY-ST-2P  1014 SWET ANDRESS  1015 STEET ANDRESS  1017 ST-2P  1016 Delete  1016  1016  1016  1016  1016  1017 ST-2P  1017 ST-2P  1018 SWET ANDRESS  1018 SWET ANDRESS  1017 ST-2P  1018 SWET ANDRESS  1017 ST-2P  1018 SWET ANDRESS  1017 ST-2P  1	SIGNATURE Deslie Stefano											
10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE PD LOSTE C. STEFANO Change DYAddrion NME STEFANO, LESUIE C 10111 SW 72ND STREET 10112 SW 7	FILE NOW!!! F	EE IS \$150,00	9. Election Campa	ign Financing	\$5.00	May Be		<del></del>				
TITLE PD STEFFANO, LESLIE C 19111 SW 72ND STREET CITY-ST-2P MIAMI, FL 33173  TITLE MAME SIRET ADDRESS CITY-ST-2P MIAMI, FL 33173  TITLE MAME SIRET ADDRESS CITY-ST-2P MIAMI, FL 33173  TITLE MAME SIRET ADDRESS CITY-ST-2P MIAMI STREET ADDRESS CITY-ST-2P MIA							CHANGE	TO OFFICE	DE AND DIDEC	TODS IN	11	
NAME SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS SIRE	NAME STEFANO, L STREET ADDRESS 10111 SW 7	LESLIE C 2ND STREET		TITLE PD NAME STREET ADDRESS	L	eslie 600	C. sw	Stefa 95 st	ano □ Cha			
NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADORESS		70 05/17	000 7/05-	1 <b>54</b> 6 -01026	6811	7		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADORESS		☐ Delete	name Street address					☐ Cha	nge [	] Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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.  SIGNATURE:	NAME Street address		☐ Delote	NAME Street Address		-			☐ Cha	nge [	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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.  SIGNATURE:	NAME Street address		☐ Delete	NAME STREET ADORESS					Cha	nge C	Addition	
changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:	NAME Street adoress		☐ Delete	NAME STREET ADDRESS	<u> </u>				☐ Cha	nge [	] Addition	
	of the corporation of the receiver of trustee empowered to execute this report as required by Chapter buy. Finding Statilies: and that my name annears in Hinck 10 or Rinck 11 it.											
	SIGNATURE:	SIGNATURE AND TYPED OR PRE	LIE SERVING OFFICER	OR DIRECTOR		· <del>-</del> · · · · · ·	Date	<del></del>	Daytime Pho	ne #		