



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000150529 1. Entity Name ALL FLORIDA CLAIMS ADJUSTERS, INC						<div style="text-align: right;"> 05 MAY -2 PM 3:59 MAIL ROOM FLORIDA </div> <div style="text-align: center;">  </div>	
Principal Place of Business 6440 SW 16TH TERRACE MIAMI, FL 33155				Mailing Address 6440 SW 16TH TERRACE MIAMI, FL 33155			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent LIMA, CARMEN B 6440 SW 16TH TERRACE MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <u><i>Carmen Lima</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD LIMA, CARMEN B 6440 SW 16TH TERRACE MIAMI, FL 33155				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 100054667911 05/17/05--01026--015 **150.00 </div>			
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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.							
SIGNATURE: <u><i>Carmen Lima</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							