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May 02, 2005 8:00 am
Secretary of State

03-08-2005 90183 032 ****61.75
05-02-2005 90971 045 ****88.25

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000167258

1. Entity Name
INTERNATIONAL GROUP CLAIMS CONSULTANTS & APPRAISORS INC

Principal Place of Business	Mailing Address
2910 NW 28TH STREET BUILDING #10 LAUDERDALE LAKES, FL 33311 US	2910 NW 28TH STREET BUILDING #10 LAUDERDALE LAKES, FL 33311 US

03032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 87-0736546 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATENA, ADRIANA
5850 NE 22 AVENUE
FT.LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name: Catena, Adriana
Street Address (P.O. Box Number is Not Acceptable): 381 SE 1st terr.
City: Pompano Beach FL Zip Code 33060

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: Adriana Catena DATE 3/3/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CATENA, ADRIANA	NAME	
STREET ADDRESS	2910 NW 28TH STREET	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	VP ☒ Change ☐ Addition
NAME	MARTINEZ, NESTER	NAME	Martinez, Nestor A.
STREET ADDRESS	2910 NW 28TH STREET	STREET ADDRESS	2910 NW 28th street
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	CITY-ST-ZIP	Lauderdale Lakes, FL 33311
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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	

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: Adriana Catena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #