FILED
May 16, 2008 8:00 am
Secretary of State
05-16-2008 90022 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000167831

1. Entity Name

ACE PUBLIC ADJUSTER, INC.

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40103335

2. Principal Place of Business	3. Mailing Address
2828 CORAL WAY	2828 CORAL WAY
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33145 Country USA	Zip 33145 Country USA

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4. FEI Number 27-0111566 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name DORA SUAREZ

Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY SUITE 300

City MIAMI FL Zip Code 33145

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DORA SUAREZ
STREET ADDRESS	13621 SW 136 PL
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	V/P
NAME	JORGE SUAREZ
STREET ADDRESS	13621 SW 136 PL
CITY-ST-ZIP	MIAMI, FL 33186
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	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dora Suarez 04/22/08 305-505-6130

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

Mar 06 2008 2:29 ECFS 3054449977 p.1