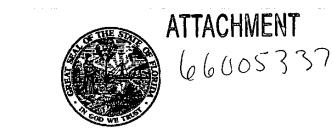
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FILED Mar 15, 2006 8:00 am Secretary of State

02-13-2006 90002 012 \*\*\*150.00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000139418** STATEWIDE PUBLIC ADJUSTERS, INC. 66002337 Principal Place of Business Mailing Address 8591 NW 186TH ST., SUITE 120 8591 NW 186TH ST., SUITE 120 MIAMI, FL 33015 MIAMI, FL 33015 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 16-1748899 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent QUINTERO, VICTOR Street Address (P.O. Box Number is Not Acceptable) 8591 NW 186TH ST., SUITE 120 MIAMI, FL 33015 Zip Code 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 Signesure, hoed or printed name of registered agent and lide if applicable (NOTE: Registered Agens signature required when remotating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 . Trust Funct Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition TITLE Delete TITLE QUINTERO, VICTOR NAME MALE 8591 NW 186TH ST., SUITE 120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-70 Deleta TITLE ☐ Change ☐ Addition TITLE NUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE C) Delete HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Celete em c Charce ☐ Addring ME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-70 TITLE D Oelete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ACCRESS CITY-51-209 CTTY-ST-ZP ☐ Delete ☐ Change ☐ Addition LINE FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. Thereby 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 outh; that I am an officer or director of the corporation or the receiver or trustee empowered of 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. ero SIGNATURE:



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

STATEWIDE PUBLIC ADJUSTERS, INC. 8591 NW 186TH ST., SUITE 120 MIAMI, FL 33015

Subject: STATEWIDE PUBLIC ADJUSTERS, INC.

-- Reference Number

P05000139418

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION