2006 FOR PROFIT CORPORATION ANNUAL REPORT

03-08-2006 90181 047 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60022328

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DOCUMENT # P05000153969

1. Entity Name
A.M. PUBLIC ADJUSTERS, INC.

Principal Place of Business	Mailing Address
961 NW 185TH AVE PEMBROKE PINES, FL 33029	961 NW 185TH AVE PEMBROKE PINES, FL 33029

03042006 Chg-P CR2E034 (11/05)

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 20-3828280 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, ARMANDO 961 NW 185TH AVE PEMBROKE PINES, FL 33029	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ARMANDO 961 NW 185TH AVE PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby 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 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: [signature] Armando Martin 3-4-06 954-534-4679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AM PUBLIC ADJUSTERS
961 NW 185 Ave
Pembroke Pines, FL 33029
Office (954) 534-4679 Fax (954) 206-0943

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October 3, 2006

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

Attn: Eula

Please be advised that, I did not receive the letter of rejection from the department to make corrections. Please reinstate my account. If you need further information please feel free to call 954-534-4679.

Thank you,

Armando Martin Jr.
EIN # 20-3828280