

2006 FOR PROFIT CORPORATION ANNUAL REPORT

03-08-2006 90181 047 ***150.00
P05000153969

FILED

06 OCT -4 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60022328

DOCUMENT # P05000153969

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



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

Mailing Address
961 NW 185TH AVE
PEMBROKE PINES, FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042006 Chg-P CR2E034 (11/05)

4. Fee 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
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CITY - ST - ZIP
☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Armando Martin 3-4-06 954-534-4679

AM PUBLIC ADJUSTERS

961 NW 185 Ave

Pembroke Pines, FL 33029

Office (954) 534-4679 Fax (954) 206-0943

292

October 3, 2006

Division of Corporations

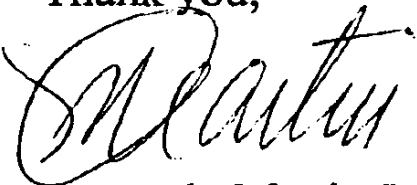
PO Box 6198

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