2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# P06000022013

Entity Name: TRI - COUNTY CERTIFIED INSURANCE ADJUSTERS CORP

Current Principal Place of Business:

12850 SW 47 ST
MIAMI, FL 33175

New Principal Place of Business:

7115 SW 162 PATH
MIAMI, FL 33193

Current Mailing Address:

PO BOX 442149
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-4343654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNALDO, ALVARAEZ
12850 SW 47 ST
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

REYNALDO, ALVARAEZ
7115 SW 162 PATH
MIAMI, FL 33193 US

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.

SIGNATURE: REYNALDO ALVAREZ 02/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALVAREZ, REYNALDO
Address: 12850 SW 47 ST
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALVAREZ, REYNALDO
Address: 7115 SW 162 PATH
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REYNALDO ALVAREZ PRES 02/29/2008
Electronic Signature of Signing Officer or Director Date