

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028964

FILED
May 22, 2009
Secretary of State

Entity Name: ASPIRE PUBLIC INSURANCE ADJUSTERS CORP.

Current Principal Place of Business:

11334 S.W. 184 STREET
MIAMI, FL 33157 US

New Principal Place of Business:

10680 S.W. 186 STREET.
MIAMI, FL 33157 US

Current Mailing Address:

11334 S.W. 184 STREET
MIAMI, FL 33157 US

New Mailing Address:

10680 S.W. 186 STREET.
MIAMI, FL 33157 US

FEI Number: 41-2195030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUSTEIN, CHARLES SR.
777 ARTHUR GODFREY RD.
SECOND FLOOR
MIAMI BEACH, FL, FL 33140 US

Name and Address of New Registered Agent:

NEUSTEIN, CHARLES SR.
777 ARTHUR GODFREY RD.
SECOND FLOOR
MIAMI BEACH,, FL 33140 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:

05/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DE JESUS-MONTAS, LUZ D
Address: 11334 S.W. 184 STRET
City-St-Zip: MIAMI, FL 33157 US

Title: VP (X) Delete
Name: MONTAS, NARCISO H SR.
Address: 11334 S.W. 184 STREET.
City-St-Zip: MIAMI, FL 33157 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DE JESUS-MONTAS, LUZ D
Address: 10680 S.W. 186 STREET.
City-St-Zip: MIAMI, FL 33157 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES NUESTEIN PA

AGEN

05/22/2009

Electronic Signature of Signing Officer or Director

Date