

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000028964

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** ASPIRE PUBLIC INSURANCE ADJUSTERS CORP.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 41-2195030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

**Title:** VP  
**Name:** FOSTER, REMY M  
**Address:** 10809 SW 225TH TR  
**City-St-Zip:** MIAMI, FL 33170 US

**Title:** SEC  
**Name:** MONTAS, NARCISO SR  
**Address:** 10809 SW 225TH TR  
**City-St-Zip:** MIAMI, FL 33170 US

I hereby 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 all other like empowered.

**SIGNATURE:** CHARLES NEUSTEIN P.A ESQ.

ATTY

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date