

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044626

FILED
May 02, 2007
Secretary of State

Entity Name: FAMILY PUBLIC INSURANCE ADJUSTERS INC.

Current Principal Place of Business:

8300 NW 53RD STREET
SUITE 350
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8300 NW 53RD STREET
SUITE 350
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-4646903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MALDONADO, DORIS M
3804 SW 79TH AVE.
UNIT 77
MIAMI, FL 33155 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

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: P/D () Delete
Name: MALDONADO, IVAN
Address: 3804 SW 79TH AVE., UNIT 77
City-St-Zip: MIAMI, FL 33155 US

Title: VP/D () Delete
Name: MALDONADO, DORIS M
Address: 3804 SW 79TH AVE., UNIT 77
City-St-Zip: MIAMI, FL 33155 US

Title: S () Delete
Name: MALDONADO, IVAN
Address: 3804 SW 79TH AVE., UNIT 77
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DORIS M MALDONADO

VP/D

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date