

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044626

FILED  
Aug 07, 2008  
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:

MALDONADO, DORIS M  
9025 SW 186TH TERR.  
CUTLER BAY, FL 33157 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:

08/07/2008

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: P/D (X) Change ( ) Addition  
Name: MALDONADO, IVAN  
Address: 9025 SW 186TH TERR.  
City-St-Zip: CUTLER BAY, FL 33157 US

Title: VP/D (X) Change ( ) Addition  
Name: MALDONADO, DORIS M  
Address: 9025 SW 186TH TERR.  
City-St-Zip: CUTLER BAY, FL 33157 US

Title: S (X) Change ( ) Addition  
Name: MALDONADO, IVAN  
Address: 9025 SW 186TH TERR.  
City-St-Zip: CUTLER BAY, FL 33157 US

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

08/07/2008

Electronic Signature of Signing Officer or Director

Date