

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044626

FILED  
May 01, 2009  
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:

9025 SW 186TH TERR.  
CUTLER BAY, FL 33157

## Current Mailing Address:

8300 NW 53RD STREET  
SUITE 350  
MIAMI, FL 33166

## New Mailing Address:

PO BOX 570850  
MIAMI, FL 33257

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  
9025 SW 186TH TERR.  
CUTLER BAY, FL 33157 US

## Name and Address of New Registered Agent:

MALDONADO, IVAN  
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: IVAN MALDONADO

05/01/2009

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

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

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

P/D

05/01/2009

Electronic Signature of Signing Officer or Director

Date