

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044626

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** FAMILY PUBLIC INSURANCE ADJUSTERS INC.

**Current Principal Place of Business:**

9025 SW 186TH TERR.  
CUTLER BAY, FL 33157

**New Principal Place of Business:**

12900 SW 128 ST STE.106  
MIAMI, FL 33186

**Current Mailing Address:**

PO BOX 570850  
MIAMI, FL 33257

**New Mailing Address:**

12900 SW 128 ST STE.106  
MIAMI, FL 33186

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

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

MALDONADO, IVAN  
12900 SW 128 ST STE.106  
MIAMI, FL 33186 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

04/30/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** MALDONADO, IVAN  
**Address:** 12900 SW 128 ST STE.106  
**City-St-Zip:** MIAMI, FL 33186 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:** IVAN MALDONADO

P/D

04/30/2010

Electronic Signature of Signing Officer or Director

Date