

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90408 022 ***150.00

DOCUMENT # P06000078016

1. Entity Name
C & A PUBLIC ADJUSTERS, INC.



Principal Place of Business
13713 SW 9TH STREET
MIAMI, FL 33184

Mailing Address
13713 SW 9TH STREET
MIAMI, FL 33184



2. Principal Place of Business - No P.O. Box #
13301 SW 204 ST

3. Mailing Address
13301 SW 204 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062007

Chg-P

CR2E034 (12/06)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
20-5029901

Applied For
Not Applicable

Zip
33177

Country
USA

Zip
33177

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBO, ANA H
13713 SW 9TH STREET
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name
ANA H. JACOBO

Street Address (P.O. Box Number is Not Acceptable)

13301 SW 204 ST

City
MIAMI

FL

Zip Code
33177

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ana H. Jacobo* ANA H. JACOBO

4-27-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JACOBO, ANA H
13713 SW 9TH STREET
MIAMI, FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ANA H. JACOBO
13301 SW 204 ST.
MIAMI, FL 33177 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ana H. Jacobo* ANA H. JACOBO (President) 4-27-07 (305) 216-6207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #