2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P06000085306

Entity Name: ALLSTAR INSURANCE CLAIM CONSULTANTS INC.

Current Principal Place of Business:

4971 NW 179 STREET
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

4971 NW 179 STREET
MIAMI, FL 33055

New Mailing Address:

FEI Number: 41-2208474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUERTE, OTNIEL
4971 NW 179 STREET
MIAMI, FL 33055 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FUERTE, LUIS E
Address: 4971 NW 179 STREET
City-St-Zip: MIAMI, FL 33055

Title: VP ( ) Delete
Name: FUERTE, LISSETTE O
Address: 4971 NW 179 STREET
City-St-Zip: MIAMI, FL 33055

Title: VP ( ) Delete
Name: FUERTE, ROXANA
Address: 4971 NW 179 STREET
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FUERTE, LUIS E PRESIDE
Address: 4971 NW 179 STREET
City-St-Zip: MIAMI, FL 33055

Title: VP (X) Change ( ) Addition
Name: FUERTE, LISSETTE O VICEPRE
Address: 4971 NW 179 STREET
City-St-Zip: MIAMI, FL 33055

Title: S (X) Change ( ) Addition
Name: FUERTE, ROXANA W SECRET
Address: 4971 NW 179 STREET
City-St-Zip: MIAMI, FL 33055

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: ROXANA FUERTE S 04/27/2007

Electronic Signature of Signing Officer or Director — Date