

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048214

Entity Name: M.C.M. ADJUSTERS, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

10300 SUNSET DR #284  
MIAMI, FL 33173

## New Principal Place of Business:

10300 SUNSET DR  
# 460-14  
MIAMI, FL 33173

## Current Mailing Address:

10300 SUNSET DR #284  
MIAMI, FL 33173

## New Mailing Address:

10300 SUNSET DR  
#460-14  
MIAMI, FL 33173

FEI Number: 20-8880934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALZADILLA, CARLOS  
10300 SUNSET DR #284  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

CALZADILLA, CARLOS  
10300 SUNSET DR  
460-14  
MIAMI, FL 33173 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: CARLOS CALZADILLA

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CALZADILLA, CARLOS  
Address: 10300 SUNSET DR #284  
City-St-Zip: MIAMI, FL 33173

Title: VP ( ) Delete  
Name: MAYORGA, MARIO D  
Address: 10300 SUNSET DR #284  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CALZADILLA, CARLOS  
Address: 10300 SUNSET DR #460-14  
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Change ( ) Addition  
Name: MAYORGA, MARIO D  
Address: 10300 SUNSET DR #460-14  
City-St-Zip: MIAMI, FL 33173

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: CARLOS CALZADILLA

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date