

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000053612

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** PREFERRED CLAIMS CONSULTANTS, INC

**Current Principal Place of Business:**

9820 NW 77TH AVE  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

9820 NW 77TH AVE  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

**FEI Number:** 20-8960713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KNIPS, ALEXANDER J  
1581 NW 182ND TERR  
PEMBROKE PINES, FL 33029 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: KNIPS, ALEXANDER J  
Address: 1581 N.W. 182ND TERR  
City-St-Zip: PEMBROKE PINES, FL 33029

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: ALEXANDER J KNIPS

DP

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date