

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000056944

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

**Entity Name:** TRI COUNTY PUBLIC ADJUSTER, INC.

**Current Principal Place of Business:**

1644 N.E. 205 TERRACE  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1644 N.E. 205 TERRACE  
MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:** 51-0636453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUENO, HUGO  
825 S.E. 7TH AVE.  
DELRAY BEACH, FL 33483 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: P  
Name: BUENO, HUGO  
Address: 825 S.E. 7TH AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP  
Name: BUENO, HUGO  
Address: 825 S.E. 7TH AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

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: HUGO BUENO

P

01/07/2011

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

\_\_\_\_\_  
Date