

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074344

FILED
Apr 29, 2009
Secretary of State

Entity Name: ATLANTIC CLAIMS EXPERTS INC.

Current Principal Place of Business:

9110 SW 147 CT.
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

9110 SW 147 CT.
MIAMI, FL 33196

New Mailing Address:

FEI Number: 26-0446018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTEGA, MARIA L
2014 NE 38 ROAD
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

TRIANA, MARIA L
2014 NE 38 ROAD
HOMESTEAD, FL 33033 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: MARIA L. TRIANA 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ORTEGA, MARIA L
Address: 2014 NE 38 ROAD
City-St-Zip: HOMESTEAD, FL 33033

Title: VPD () Delete
Name: ORTEGA, M. LOURDES
Address: 9110 SW 147 CT.
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRIANA, MARIA L
Address: 2014 NE 38 ROAD
City-St-Zip: HOMESTEAD, FL 33033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: M. LOURDES ORTEGA VPD 04/29/2009

Electronic Signature of Signing Officer or Director Date