

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077353

FILED
Apr 24, 2009
Secretary of State

Entity Name: ALLFLORIDA CLAIMS SERVICES, INC.

Current Principal Place of Business:

15715 S. DIXIE HIGHWAY
SUITE 413
PALMETTO BAY, FL 33157

New Principal Place of Business:

10655 SW 190TH ST.
2211
MIAMI, FL 33157

Current Mailing Address:

15715 S. DIXIE HIGHWAY
SUITE 413
PALMETTO BAY, FL 33157

New Mailing Address:

10655 SW 190TH ST.
2211
MIAMI, FL 33157

FEI Number: 55-0912565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCELL, JOSEPH E
15715 S. DIXIE HIGHWAY
SUITE 413
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

GARCELL, JOSEPH E
10655 SW 190TH ST
2211
MIAMI, FL 33157 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 T GARCELL

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCELL, JOSEPH E
Address: 15130 SW 89 AVENUE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33176

Title: D () Delete
Name: GARCELL, MARIA T
Address: 15130 SW 89 AVENUE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARCELL, JOSEPH E
Address: 10655 SW 190TH ST. #2211
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change () Addition
Name: GARCELL, MARIA T
Address: 10655 SW 190TH ST. #2211
City-St-Zip: MIAMI, FL 33157

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: MARIA T GARCELL

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date