

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080341

FILED
Apr 25, 2011
Secretary of State

Entity Name: HOMEOWNER'S INSURANCE CLAIM CONSULTANTS INC.

Current Principal Place of Business:

4971 NW. 179 ST.
MIAMI, FL 33055 US

New Principal Place of Business:

Current Mailing Address:

4971 NW. 179 ST.
MIAMI, FL 33055 US

New Mailing Address:

FEI Number: 32-0209002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, YANAY
4971 NW. 179 ST.
MIAMI, FL 33055 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: GARCIA, YANAY
Address: 4971 NW. 179 ST.
City-St-Zip: MIAMI, FL 33055 US

Title: T
Name: FUERTE, LUIS E
Address: 4971 NW 179 ST.
City-St-Zip: MIAMI, FL 33055 US

Title: S
Name: FUERTE, LISSETTE O
Address: 4971 NW 179 ST.
City-St-Zip: MIAMI, FL 33055 US

Title: P
Name: GARCIA, YANAY
Address: 4971 NW 179 ST.
City-St-Zip: OPALOCKA, FL 33055 US

Title: P
Name: GARCIA, YANAY
Address: 4971 NW 179 ST.
City-St-Zip: OPALOCKA, FL 33055 US

Title: P
Name: GARCIA, YANAY
Address: 4971 NW 179 ST.
City-St-Zip: OPALOCKA, FL 33055 US

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: YANAY GARCIA

P

04/25/2011

Electronic Signature of Signing Officer or Director

Date