

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081589

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** ALL FLORIDA INSURANCE CLAIMS SERVICE, INC.

**Current Principal Place of Business:**

9971 W. BAY HARBOR DR.  
305  
BAY HARBOR ISLANDS, FL 33154 US

**New Principal Place of Business:**

900 N.E. 125TH ST.  
216  
NORTH MIAMI BEACH, FL 33161 US

**Current Mailing Address:**

P.O. BOX 601041  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

900 N.E. 125TH ST.  
216  
NORTH MIAMI BEACH, FL 33161 US

**FEI Number:** 26-1272319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNOZ, JOSEPH D  
9971 W. BAY HARBOR DR.  
305  
BAY HARBOR ISLANDS, FL 33154 US

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

MUNOZ, JOSEPH D  
900 N.E. 125TH ST.  
216  
NORTH MIAMI BEACH, FL 33161 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:**

01/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MUNOZ, JOSEPH D  
**Address:** 900 N.E. 125TH ST., SUITE 216  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33161 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:** JOSEPH D. MUNOZ

D

01/08/2010

Electronic Signature of Signing Officer or Director

Date