

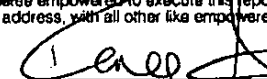


03-31-2008 90039015 \*\*\*150.00  
P07000120242

08 APR 17 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |         |  |  |  |  |  |
|--|--|---------|--|--|--|--|--|
| <b>DOCUMENT # P07000120242</b>   |  |         |  |                                     |  | <b>FILED</b>   |  |
| 1. Entity Name<br><b>RIG INTERNATIONAL LOSS ADJUSTERS, INC.</b>  |  |         |  |  |  | <b>08 APR 17 AM 10:48</b>  |  |
| Principal Place of Business<br><b>1201 BRICKELL AVE., SUITE 420<br/>MIAMI, FL 33131</b>  |  |         |  | Mailing Address<br><b>1201 BRICKELL AVE., SUITE 420<br/>MIAMI, FL 33131</b>  |  | <b>SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</b>   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |         |  | 3. Mailing Address   |  |                        |  |
| Suite, Apt. #, etc.  |  |         |  | Suite, Apt. #, etc.  |  | 01242008 Chg-P CR2E034 (12/06)   |  |
| City & State   |  |         |  | City & State   |  | 4. FEI Number <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| Zip  |  | Country |  | Zip  |  | Country  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |         |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent  |  |         |  | 7. Name and Address of New Registered Agent  |  |  |  |
| <b>ADWAR, RENEE ESQ.<br/>848 BRICKELL AVE., SUITE 830<br/>MIAMI, FL 33131</b>  |  |         |  | Name   |  |  |  |
|  |  |         |  | Street Address (P.O. Box Number is Not Acceptable)   |  |  |  |
|  |  |         |  | City <b>FL</b> Zip Code  |  |  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |         |  |  |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____   |  |         |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  |         |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees         |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |  |
| TITLE <b>D</b> <input type="checkbox"/> Delete<br>NAME <b>GUARDIA, FRANCISCO J</b><br>STREET ADDRESS <b>1201 BRICKELL AVE., SUITE 420</b><br>CITY - ST - ZIP <b>MIAMI, FL 33131</b>  |  |         |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |         |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |         |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |  |  |
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| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |         |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |         |  |  |  |  |  |
| SIGNATURE:    |  |         |  | 3/24/08 3053744422   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |         |  | Date Daytime Phone #   |  |  |  |