

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

6/

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-02-2008 90002 025 ***150.00

DOCUMENT # P07000121014 1. Entity Name PREFERRED CLAIM SOLUTIONS, INC.			
Principal Place of Business 13451 S.W. 176 TERRACE MIAMI, FL 33177		Mailing Address 13451 S.W. 176 TERRACE MIAMI, FL 33177	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 14221 SW 120th St		Suite, Apt. #, etc. 208	
City & State Miami FL 33186		City & State FL 33186	
Zip 33186	Country USA	Zip 33186	Country
4. FEI Number 261382070		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRERO, JESUS DAVID 13451 S.W. 176 TERRACE MIAMI, FL 33177		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 PD NAME GUERRERO, JESUS DAVID STREET ADDRESS 13451 S.W. 176 TERRACE CITY - ST - ZIP MIAMI, FL 33177 33186 #208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date 5/28/08	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Day-Mo-Year</small>	

ATTACHMENT
66014799
007000121014
JAMES E. TICE
16220 SW 280TH STREET
HOMESTEAD, FLORIDA 33031

PHONE 305 322 5715

May 28, 2008

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32399

Gentlemen:

Re: Preferred Claim Solutions, Inc.
14221 SW 120th Street Ste 208
Miami, Florida

Please be advised that the above named taxpayer has recently moved to the above address and did not receive notice of filing requirements for the annual report for the year 2008. Enclosed please find executed copy of the corrected annual report for the year 2008 along with their check in the amount of \$150.00 for the current year filing fee.

Your acceptance of this payment and filing will be appreciated.

Sincerely,


James E. Tice
Accountant