2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# P08000057805

Entity Name: MIAMI-DADE PUBLIC ADJUSTERS, INC.

Current Principal Place of Business:

19 WEST FLAGLER STREET
SUITE 905
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

19 WEST FLAGLER STREET
SUITE 905
MIAMI, FL 33130

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CELLAW REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE
SUITE 700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

ABRAHAM, PETER E ESQ.
19 W. FLAGLER STREET
SUITE 905
MIAMI, FL 33130 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: PETER E. ABRAHAM 05/03/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: ABRAHAM, PETER E
Address: 19 WEST FLAGLER STREET, SUITE 905
City-St-Zip: MIAMI, FL 33130

Title: SVD ( ) Delete
Name: ABRAHAM, ANA
Address: 19 WEST FLAGLER STREET, SUITE 905
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PETER E. ABRAHAM PTD 05/03/2009
Electronic Signature of Signing Officer or Director Date