

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076314

**FILED**  
**Jun 20, 2010**  
**Secretary of State**

**Entity Name:** INSURANCE LOSS ADVOCATES, INC.

**Current Principal Place of Business:**

621 NW 53RD ST.  
SUITE 240  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

1900 GLADES RD.  
SUITE 354  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

621 NW 53RD ST.  
SUITE 240  
BOCA RATON, FL 33487 US

**New Mailing Address:**

1900 GLADES RD.  
SUITE 354  
BOCA RATON, FL 33431 US

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

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

MICHELSON, RICHARD  
621 N.W. 53RD ST.  
240  
BOCA RATON, FL 33487 US

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

MICHELSON, RICHARD  
1900 GLADES RD.  
354  
BOCA RATON, FL 33431 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: RICHARD MICHELSON

06/20/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MICHELSON, RICHARD  
Address: 1900 GLADES RD. SUITE 354  
City-St-Zip: BOCA RATON, FL 33431 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: RICHARD MICHELSON

P

06/20/2010

Electronic Signature of Signing Officer or Director

Date