2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# P08000083725

Entity Name: INSURANCE LOSS PUBLIC ADJUSTERS, CORP

Current Principal Place of Business:

7027 W. BROWARD BLVD.
230
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7027 W. BROWARD BLVD.
230
PLANTATION, FL 33317

New Mailing Address:

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

Name and Address of Current Registered Agent:

MORCATE, CARLOS
7027 W. BROWARD BLVD
230
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORCATE, CARLOS
Address: 7027 W BROWARD BLVD, #230
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MORCATE, CARLOS
Address: 7027 W BROWARD BLVD, #230
City-St-Zip: PLANTATION, FL 33317

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: CARLOS MORCATE PRES 02/09/2009

Electronic Signature of Signing Officer or Director — Date