

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000100204

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** CLAIMS AUDIT RECOVERY, INC.

**Current Principal Place of Business:**

9761 SW 120TH ST  
MIAMI, FL 33176 US

**New Principal Place of Business:**

16821 S.W. 87TH COURT  
MIAMI, FL 33157 US

**Current Mailing Address:**

9761 SW 120TH ST  
MIAMI, FL 33176 US

**New Mailing Address:**

16821 S.W. 87TH COURT  
MIAMI, FL 33157 US

**FEI Number:** 32-0264977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

FAILLACE, NAYFE A  
16821 S.W. 87TH COURT  
MIAMI, FL 33157 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: NAYFE S. FAILLACE

01/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FAILLACE, NAYFE S  
Address: 16821 S.W. 87TH COURT  
City-St-Zip: MIAMI, FL 33157 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: NAYFE S. FAILLACE

PRES

01/08/2010

Electronic Signature of Signing Officer or Director

Date