2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# P08000107137

Entity Name: LET US CLAIM.CONSULTANTS INSURANCE INC.

Current Principal Place of Business:

15215 NE 18 AVE
SUITE #6
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

15215 NE 18 AVE
SUITE #6
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 80-0315184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, RAMON
431 NW 153 ST.
MIAMI, FL 33169 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

OFFICERS AND DIRECTORS:

Title: PD
Name: RODRIGUEZ, RAMON
Address: 431 NW 153RD STREET
City-St-Zip: MIAMI, FL 33169

Title: VPD
Name: OCASIO, EMELYN
Address: 431 NW 153RD STREET
City-St-Zip: MIAMI, FL 33169

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: RAMON RODRIGUEZ PD 02/28/2011

Electronic Signature of Signing Officer or Director Date