2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# P09000038883

Entity Name: CONSOLIDATED INSURANCE CLAIMS, INC.

Current Principal Place of Business:

15600 NW 7 AVE
215
MIAMI, FL, 33169

New Principal Place of Business:

13230 SW 132 AVE
23
MIAMI, FL 33186 US

Current Mailing Address:

15600 NW 7 AVE
215
MIAMI, FL 33169

New Mailing Address:

13230 SW 132 AVE
23
MIAMI, FL 33186 US

FEI Number: 26-4822984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

URRUTIA, JORGE
15600 NW 7 AVENUE
215
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: URRUTIA, JORGE
Address: 15600 NW 7 AVE #215
City-St-Zip: MIAMI, FL 33169 US

Title: S
Name: LARA, MICAELA
Address: 264 SE 32 TERRACE
City-St-Zip: HOMESTEAD, FL 33033 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: MICAELA LARA S 04/29/2010

Electronic Signature of Signing Officer or Director Date