

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000014787

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** MAXIMUM RECOVERY PUBLIC ADJUSTERS, INC.

**Current Principal Place of Business:**

2742 SW 156TH AVE  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

2742 SW 156TH AVE  
MIAMI, FL 33185

**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:**

MELLAW REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE STE 700  
COCONUT GROVE, FL 33133 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: DPT  
Name: VALDES, MICHELLE N  
Address: 2742 SW 156TH AVE  
City-St-Zip: MIAMI, FL 33185

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: MICHELLE VALDES

DIRE

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date