

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000025793

FILED  
May 26, 2011  
Secretary of State

**Entity Name:** INSURANCE CLAIMS EXPERTS CORP.

**Current Principal Place of Business:**

9255 SW 125TH AVENUE  
MIAMI, FL 33186

**New Principal Place of Business:**

9255 SW 125TH AVENUE  
SUITE R 106  
MIAMI, FL 33186

**Current Mailing Address:**

9255 SW 125TH AVENUE  
MIAMI, FL 33186

**New Mailing Address:**

9255 SW 125TH AVENUE  
SUITE R 106  
MIAMI, FL 33186

**FEI Number:** 27-2368804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PINEDA, JULIO A  
9255 SW 125TH AVENUE  
MIAMI, FL 33186 US

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

PINEDA, JULIO A  
9255 SW 125TH AVENUE  
SUITE R 106  
MIAMI, FL 33186 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:

05/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PINEDA, JULIO A  
Address: 9255 SW 125TH AVENUE SUITE R 106  
City-St-Zip: MIAMI, FL 33186

Title: VD  
Name: PINEDA, NATALIA  
Address: 9255 SW 125TH AVENUE SUITE R 106  
City-St-Zip: MIAMI, FL 33186

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: JULIO A PINEDA

P

05/26/2011

Electronic Signature of Signing Officer or Director

Date