

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000047387

**FILED**  
**Aug 02, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA COASTAL CLAIM SERVICES, INC

**Current Principal Place of Business:**

19309 SW 80 CT  
CUTLER BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

19309 SW 80 CT  
CUTLER BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 27-2798179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GUERRERO, ERNESTO  
19309 SW 80 CT  
CUTLER BAY, FL 33157 US

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

DAVILA, RICARDO  
2641 N FLAMINGO RD, UNIT 105  
SUNRISE, FL 33323 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: RICARDO DAVILA

08/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GONZALEZ, ROSSY  
Address: 19309 SW 80 CT  
City-St-Zip: CUTLER BAY, FL 33157

Title: D  
Name: DAVILA, PAOLA F  
Address: 2641 N FLAMINGO RD, UNIT 105  
City-St-Zip: SUNRISE, FL 33323

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: RICARDO DAVILA

RA

08/02/2012

Electronic Signature of Signing Officer or Director

Date