


2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT

<b>DOCUMENT # P92000000030</b> 1. Entity Name <b>CATASTROPHE CLAIMS SERVICES CORP.</b>						<b>FILED</b> 06 AUG 30 PM 4:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>13824 SW 68 STREET MIAMI, FL 33186</b>				Mailing Address <b>13824 SW 68 STREET MIAMI, FL 33186</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-1746802</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>GARCIA, RENE 13824 SW 68 STREET MIAMI, FL 33186</b>				7. Name and Address of New Registered Agent Name <b>GARCIA BARBARA</b> Street Address (P.O. Box Number is Not Acceptable) <b>13824 SW 68 ST</b> City <b>MIAMI</b> FL Zip Code <b>33186</b>			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Barbara Garcia</i> <span style="float: right;">8-17-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (N) JE: Registered Agent signature required when reinstating. DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PVT GARCIA, RENE 13824 SW 68 STREET MIAMI, FL 33186 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP PVT GARCIA BARBARA 13824 SW 68 ST MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				200079521512 09/05/06--01036--008 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Barbara Garcia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>8-17-06</b> Daytime Phone #			