

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000000030

FILED
Apr 29, 2009
Secretary of State

Entity Name: CATASTROPHE CLAIMS SERVICES CORP.

Current Principal Place of Business:

13824 SW 68 STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13824 SW 68 STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-1746802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, BARBARA
13824 SW 68 STREET
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

GARCIA- HOED, RENE
13824 SW 68 STREET
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: RENE GARCIA HOED

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: GARCIA, BARBARA
Address: 13824 SW 68 STREET
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: GARCIA HOED, RENE
Address: 13824 SW 68 STREET
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RENE GARCIA HOED

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date