


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P93000068874 1. Entity Name AMC ADJUSTERS, INC. |  |
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|---|---|
| Principal Place of Business 6641 ARNO WAY BOYNTON BEACH FL 33437 US | Mailing Address 6641 ARNO WAY BOYNTON BEACH FL 33437 US |
|---|---|

1st MOORE CR2E034 (10/06)

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|--|--------------------|------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | |
| Suite, Apt #, etc. | Suite, Apt #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |

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|---|--|
| 4. FEI Number 65-0438557 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CHAZAN, MARVIN H 6641 ARNO WAY BOYNTON BEACH FL 33437 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-----------------------------------|---|---|--|
| TITLE NAME | <input type="checkbox"/> Delete D CHAZAN, MARVIN H 6641 ARNO WAY BOYNTON BEACH FL 33437 | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000607726 01/31/07-80040-017 150.00 |
| STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 info empowered.

SIGNATURE: Marvin H Chazan 4/29/07 561-733-5597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #