

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083936

Entity Name: LOSS CONSULTANTS, INC.

FILED  
Jan 05, 2007  
Secretary of State

**Current Principal Place of Business:**

P O BOX 630095  
MIAMI, FL 331630095 US

**New Principal Place of Business:**

2000 NE 196 TER.  
MIAMI, FL 33179 US

**Current Mailing Address:**

P O BOX 630095  
MIAMI, FL 331630095 US

**New Mailing Address:**

FEI Number: 65-0521755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HYMAN, ERIC  
PO BOX 630095  
MIAMI, FL 33163 US

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

HYMAN, ERIC  
2000 NE 196 TER  
MIAMI, FL 33179 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: \_\_\_\_\_ 01/05/2007  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HYMAN, ERIC  
Address: PO BOX 630095  
City-St-Zip: MIAMI, FL 33163

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC HYMAN      PRES      01/05/2007  
Electronic Signature of Signing Officer or Director      Date