

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000005292**

1. Entity Name  
**PROFESSIONAL PUBLIC INSURANCE ADJUSTERS, INC.**

Principal Place of Business: **801 MONTEREY STREET SUITE 205-B MIAMI FL 33134**  
 Mailing Address: **801 MONTEREY STREET SUITE 205-B MIAMI FL 33134**

2. Principal Place of Business Suite, Apt. #, etc.:  
 3. Mailing Address Suite, Apt. #, etc.:

City & State: City & State:

Zip Country: Zip Country:

6. Name and Address of Current Registered Agent  
**VENEZIA, FRANCES C**  
**801 MONTEREY ST., STE 205-B**  
**MIAMI FL 33134**

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL** Zip Code:

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: *Frances C. Venezia* (NOTE: Registered Agent signature required when reinstating) DATE:



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0562745** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Trust Fund Contribution.  Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>VENEZIA, FRANCES C</b>	NAME	
STREET ADDRESS	<b>801 MONTEREY ST., STE 205-B</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	CITY-ST-ZIP	<b>MIAMI FL 33134</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 04-12-06 80052-005 158.75

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 like empowers.

SIGNATURE: *Frances C. Venezia* **3/27/06 305 446 800**