

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022463

FILED  
Mar 28, 2006  
Secretary of State

Entity Name: TOTAL CLAIMS MANAGEMENT, INC.

## Current Principal Place of Business:

7875 BIRD ROAD  
SUITE 220  
MIAMI, FL 33173

## New Principal Place of Business:

## Current Mailing Address:

7875 BIRD ROAD  
SUITE 220  
MIAMI, FL 33173

## New Mailing Address:

FEI Number: 65-0902517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUBOFF, KENNETH R  
10920 BISCAYNE BLVD  
MIAMI, FL 33161 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD (X) Delete  
Name: SILVER, JOSEPH  
Address: 9195 COLLINS AVE #813  
City-St-Zip: MIAMI BEACH, FL 33154

Title: PD ( ) Delete  
Name: MENDEZ, JUAN A  
Address: 3023 SW 133 COURT  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JUAN A MENDEZ

PD

03/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date