

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

06 JUL 11 PM 12:47

SECRET
TALLAHASSEE, FLORIDA
500076503985



06022006 Chg-P CR2E034 (11/05)

DOCUMENT # V18068					
1. Entity Name STATEWIDE ADJUSTERS, INC.					
Principal Place of Business 1769 NW 79TH AVENUE MIAMI, FL 33126 US			Mailing Address 1769 NW 79TH AVENUE MIAMI, FL 33126 US		
2. Principal Place of Business 7900 NW 155 ST			3. Mailing Address 7900 NW 155 ST		
Suite, Apt. #, etc. STE 201			Suite, Apt. #, etc. STE 201		
City & State MIAMI LAKES, FL			City & State MIAMI LAKES, FL		
Zip 33016		Country U.S.	Zip 33016		Country U.S.
4. FEI Number 65-0317746			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VIVES, MARIO 1769 NW 79TH AVENUE MIAMI, FL 33126			7. Name and Address of New Registered Agent Name REGINALD E. BEANE Street Address (P.O. Box Number is Not Acceptable) 7900 NW 155 ST STE 201 City MIAMI LAKES, FL FL Zip Code 33016		
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 <u>Reginald E. Beane</u> DATE <u>7/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD VIVES, MARIO 1769 NW 79 AVE MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	* SEE ATTACHED EXHIBIT FOR CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEUTSCH, BRYAN W 1769 NW 79 AVE MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.					
SIGNATURE: <u>John S. Maloney</u>		Date: <u>6/21/06</u>		Daytime Phone #: <u>800 291-7776</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

1 of 3

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Exhibit
Changes to Statewide Adjusters, Inc.

Officers/Directors:

Name

Office

Reginald E. Beane
5088 NW 81st Ave.
Coral Springs, FL 33067

President, Director

Rene M. Cambert
7900 NW 155 ST, STE 201
Miami Lakes, FL 33016

Treasurer, Vice-President, COO, Director

Luis M. Espinosa
15525 NW 83rd Court
Miami Lakes, FL 33016

Secretary, Vice-President, CEO, Director

Michael Camilleri
2101 NW Corporate Blvd #415
Boca Raton, FL 33431

Vice-President, General Counsel, Director

John Maloney
271 Plymouth Ave.
Brightwaters, NY 11718

Vice-President, CFO, Director

Carlos Ernesto Aguero
910 Bailey Court
Westfield, NJ 07090

Director

Marco Gutierrez
7900 NW 155 ST, STE 201
Miami Lakes, FL 33016

Director

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DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Reference:
(Sub Account)

Date:

6/22/06

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (ext. 5261)

RECEIVED
06 JUN 22 PM 4:26
BUREAU OF CORPORATIONS
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

Corporation Name:

Statewide Adjusters, Inc.

Entity Number:

V18068

Authorization:

Kim Pullen

☐ Certified Copy

☐ New Filings

☐ Fictitious Name

☒ Plain Stamped Copy

☐ Amendments

☐ Certificate of Status

☒ Amended
Annual Report

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

CF Internal Use Only

Client:

49088

Matter:

19599

Name:

Beth V.

Office:

TAL