

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000029585

**Entity Name:** PENTA INSURANCE ADJUSTERS, INC.

**Current Principal Place of Business:**

5539 SW 8ST  
MIAMI, FL 33134

**Current Mailing Address:**

5539 SW 8ST  
MIAMI, FL 33134

**FEI Number:** 20-2464343

**Certificate of Status Desired:** No

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

GABE, PAUL GJR  
5539 SW 8 STREET  
MIAMI, FL 33134 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSD  
Name GABE, PAUL GJR  
Address 5539 SW 8TH STREET  
City-State-Zip: MIAMI FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAUL GABE

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date