

2016 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

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date