

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000099595

**Entity Name:** DIEGO INSURANCE ADJUSTERS, CORP.

**Current Principal Place of Business:**

1151 SW 12 STREET  
MIAMI, FL 33129

**FILED**  
**Feb 05, 2016**  
**Secretary of State**  
**CC5804690281**

**Current Mailing Address:**

1151 SW 12 STREET  
MIAMI, FL 33129

**FEI Number: 26-3675079**

**Certificate of Status Desired: No**

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

DIEGO, JONATHON  
1151 SW 12 STREET  
MIAMI, FL 33129 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           PTS  
Name           DIEGO, JONATHON  
Address        1151 SW 12 ST  
City-State-Zip: MIAMI FL 33129

*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: JONATHON DIEGO**

**PRESIDENT**

**02/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date