

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000051047

**Entity Name:** P.A.CLAIMS SERVICES, INC.

**Current Principal Place of Business:**

5040 SW 106 AVE  
MIAMI, FL 33165

**Current Mailing Address:**

5040 SW 106 AVE  
MIAMI, FL 33165

**FEI Number:** 90-0732551

**Certificate of Status Desired:** No

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

CUERVO, LEON  
5040 SW 106 AVE  
MIAMI, FL 33165 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           | P               | Title           | MGRM            |
| Name            | ROXANA, LOPEZ   | Name            | LEON, CUERVO    |
| Address         | 5040 SW 106 AVE | Address         | 5040 SW 106 AVE |
| City-State-Zip: | MIAMI FL 33165  | City-State-Zip: | MIAMI FL 33165  |

*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:** ROXANA LOPEZ CALZADILLA

**PRESIDENT**

**09/16/2016**

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

\_\_\_\_\_  
Date