2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 408837

1. Entity Name
INSOUTH ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 24 PM 2:59

Principal Place of Business	Mailing Address
115 MADEIRA AVE 2ND FLOOR CORAL GABLES, FL 33134	115 MADEIRA AVE 2ND FLOOR CORAL GABLES, FL 33134

01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1415743
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DENUNZIO, ARTHUR G. JR.
20161 NE 16TH PLACE
NORTH MIAMI BCH., FL 33179

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HASTINGS, JOHN
STREET ADDRESS	20161 NE 16 PL
CITY-ST-ZIP	NORTH MIAMI BCH., FL
TITLE	VPT
NAME	DENUNZIO, JR.,ARTHUR G.
STREET ADDRESS	20161 NE 16 PL
CITY-ST-ZIP	NORTH MIAMI BCH., FL
TITLE	D
NAME	DENUNZIO, ARTHUR G., JR.
STREET ADDRESS	20161 NE 16 PL
CITY-ST-ZIP	N MIAMI BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

THE ADDRESS IS WRONG FOR ALL entities — CORRECT ADDRESS IS:

115 MADEIRA Ave
CORAL GABLES, FL
33134

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 1/8/04 305-445-8744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #