


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 408837</b> 1. Entity Name INSOUTH ENTERPRISES, INC.	
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Principal Place of Business 115 MADEIRA AVE 2ND FLOOR CORAL GABLES, FL 33134	Mailing Address 115 MADEIRA AVE 2ND FLOOR CORAL GABLES, FL 33134
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03092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1415743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DENUNZIO, ARTHUR G. JR. 115 MADEIRA AVE CORAL GABLE, FL 33134
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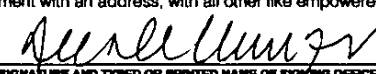
**DO NOT WRITE  
IN THIS SPACE**

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  3/5/07 <small>Signature typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000674917 03/29/07-80091-002-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENUNZIO, ARTHUR G JR 115 MADEIRA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENUNZIO, JR. ARTHUR G. 115 MADEIRA AVE CORAL GABLE, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS DENUNZIO, ELISSA B 115 MADEIRA AVE CORAL GABLE, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENUNZIO, ELISSA B 115 MADEIRA AVE CORAL GABLE, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/5/07 305-445-8744 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>