

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 408837

1. Entity Name
INSOUTH ENTERPRISES, INC.



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

Mailing Address
**115 MADEIRA AVE
2ND FLOOR
CORAL GABLES, FL 33134**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1415743	Applied For <input type="checkbox"/>
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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000023771

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

02/20/08-80051-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DENUNZIO, ARTHUR G JR
STREET ADDRESS	115 MADEIRA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	D
NAME	DENUNZIO, JR., ARTHUR G.
STREET ADDRESS	115 MADEIRA AVE
CITY-ST-ZIP	CORAL GABLE, FL 33134

TITLE	VPTS
NAME	DENUNZIO, ELISSA B
STREET ADDRESS	115 MADEIRA AVE
CITY-ST-ZIP	CORAL GABLE, FL 33134

TITLE	T
NAME	DENUNZIO, ELISSA B
STREET ADDRESS	115 MADEIRA AVE
CITY-ST-ZIP	CORAL GABLE, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

266108 305-445-8744