2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# J05015

Entity Name: INSURANCE PLUS, INC.

Current Principal Place of Business:

14335 SW 120 STREET
SUITE 114
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

14335 SW 120 STREET
SUITE 114
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 59-2654416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAFAURIE, NORA
15626 SW 62 TERR
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAFAURIE, NORA
Address: 15526 SW 62 TERR
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete
Name: LAFAURIE, ELISEO
Address: 15626 SW 62 TERR
City-St-Zip: MIAMI, FL 33193 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LAFAURIE, NORA
Address: 15626 SW 62 TERR
City-St-Zip: MIAMI, FL 33193 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORA LAFAURIE P 02/06/2009

Electronic Signature of Signing Officer or Director Date