

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033970

FILED
Jan 18, 2009
Secretary of State

Entity Name: INSURANCE SOLUTIONS OF CORAL SPRINGS, INC.

Current Principal Place of Business:

1750 NORTH UNIVERSITY DRIVE
218
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1750 NORTH UNIVERSITY DRIVE
218
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-1000257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARRO, LAURA
10477 N.W. 3RD PLACE
CORAL SPRINGS, FL 33071 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: PS () Delete
Name: GUARRO, LAURA
Address: 10477 N.W. 3RD PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: SEDLAK, GUY
Address: 1852 MONTE CARLO WAY
City-St-Zip: CORAL SPRING, FL 33071

Title: V () Delete
Name: GUARRO, BRIAN K
Address: 10477 N.W. 3RD PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LAURA GUARRO

PS

01/18/2009

Electronic Signature of Signing Officer or Director

Date