

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066422

FILED
Jan 12, 2009
Secretary of State

Entity Name: DEL ROSARIO INSURANCE II INC

Current Principal Place of Business:

2331 NW 27 AVE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2331 NW 27 AVE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-1036629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL ROSARIO, ALEJANDRO A
740 SW 189 TERRACE
PEMBROKE PINES, FL 33029 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: DEL ROSARIO, ALEJANDRO A
Address: 740 SW 189 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPST () Delete
Name: DEL ROSARIO, MARIA
Address: 740 SW 189 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALEJANDRO A DEL ROSARIO

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date