

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000071558

Entity Name: DELMAR INSURANCE INC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

1665 WEST 68 STREET
209
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

1665 WEST 68 STREET
209
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 20-2849251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, MONICA L
8448 NW 196 TERR
MIAMI, FL 33015 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMOS, MONICA L
Address: 8448 NW 196 TERR
City-St-Zip: MIAMI, FL 33015

Title: V () Delete
Name: RAMOS, GUILLERMO
Address: 8448 NW 196 TERR
City-St-Zip: MIAMI, FL 33015

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: MONICA L RAMOS

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date