

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90005 026 ***158.75

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08282007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000137720 1. Entity Name INSURING SOURCES, INC.					
Principal Place of Business 9500 S. DADELAND BLVD. SUITE 700 MIAMI, FL 33156			Mailing Address 9500 S. DADELAND BLVD. SUITE 700 MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box # 11557 S.W. 64 ST		3. Mailing Address 11557 S.W. 64 ST.			
Suite, Apt. #, etc. UNIT A		Suite, Apt. #, etc. UNIT A			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-3608394	
Zip 33173		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, DONALD D JR 9500 S. DADELAND BLVD. SUITE 700 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name MARY SAIZ Street Address (P.O. Box Number is Not Acceptable) 11557 S.W. 64 ST. UNIT A City MIAMI FL Zip Code 33173		
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 MARY SAIZ PRESIDENT Mary Saiz DATE 09/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAIZ, MARY 6014 SW 114TH PLACE UNIT F MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAIZ, MARY 11557 S.W. 64 ST. UNIT A MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: MARY SAIZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 09/10/07		Daytime Phone # 786-226-0621