

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001599

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: DELTA SOUTH INSURANCE SOLUTIONS, INC.

## Current Principal Place of Business:

8306 MILLS DRIVE  
570  
MIAMI, FL 33183

## New Principal Place of Business:

423 CORAL WAY  
1  
CORAL GABLES, FL 33134

## Current Mailing Address:

8306 MILLS DRIVE  
570  
MIAMI, FL 33183

## New Mailing Address:

423 CORAL WAY  
1  
CORAL GABLES, FL 33134

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARENCIBIA, YORDANKA  
8715 SW 152 AVENUE  
301  
MIAMI, FL 33193 US

## Name and Address of New Registered Agent:

ARENCIBIA, YORDANKA  
423 CORAL WAY  
1  
CRAL GABLES, FL 33134 US

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: YORDANKA ARENCIBIA

04/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARENCIBIA, YORDANKA  
Address: 8715 SW 152 AVENUE, UNIT 301  
City-St-Zip: MIAMI, FL 33193

Title: VP ( ) Delete  
Name: RODRIGUEZ, PABLO M  
Address: 8306 MILLS DRIVE, UNIT 570  
City-St-Zip: MIAMI, FL 33183

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ARENCIBIA, YORDANKA  
Address: 423 CORAL WAY, APT. 1  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition  
Name: RODRIGUEZ, PABLO M  
Address: 3145 SW 103 PLACE  
City-St-Zip: MIAMI, FL 33165

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: YORDANKA ARENCIBIA

P

04/27/2008

Electronic Signature of Signing Officer or Director

Date