2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P07000020492

Entity Name: A PLUS INSURANCE SOLUTIONS, CORP.

Current Principal Place of Business:

550 BILTMORE WAY
SUITE 200
CORAL GABLES, FL 33134 US

New Principal Place of Business:

7220 NW 36 ST.
SUITE 648
MIAMI, FL 33166 US

Current Mailing Address:

P. O. BOX 52-3251
MIAMI, FL 33152 US

New Mailing Address:

FEI Number: 20-8445482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CMS INTERNATIONAL ENTERPRISES, INC.
550 BILTMORE WAY
SUITE 200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FIGUEROA, ANA L
7220 NW 36 ST.
SUITE #648
MIAMI, FL 33166 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: ANA L. FIGUEROA 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: FIGUEROA, ANA
Address: P. O. BOX 52-3151
City-St-Zip: MIAMI, FL 33152 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANA LUCIA FIGUEROA PTSD 04/28/2009
Electronic Signature of Signing Officer or Director Date