

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020492

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** A PLUS INSURANCE SOLUTIONS, CORP.

**Current Principal Place of Business:**

6067 HOLLYWOOD BLVD.  
325  
HOLLYWOOD, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 523251  
MIAMI, FL 33152

**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:**

FIGUEROA, ANA L  
6067 HOLLYWOOD BLVD  
325  
HOLLYWOOD, FL 33024 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

**OFFICERS AND DIRECTORS:**

Title: PSDT  
Name: FIGUEROA, ANA L  
Address: P. O. BOX 523251  
City-St-Zip: MIAMI, FL 33152 US

I hereby 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 all other like empowered.

SIGNATURE: ANA FIGUEROA

PSDT

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date