

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042295

FILED
Apr 05, 2008
Secretary of State

Entity Name: HEALTH INSURANCE SOLUTIONS, CORP.

Current Principal Place of Business:

807 SW 25TH AVE. SUITE 303A
MIAMI, FL 33135

New Principal Place of Business:

807 SW 25TH AVE.
SUITE 303A
MIAMI, FL 33135

Current Mailing Address:

807 SW 25TH AVE. SUITE 303A
MIAMI, FL 33135

New Mailing Address:

FEI Number: 20-8822609 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEL POZO, ANNIA M
18000 NW 68TH AVE. APT. 412
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL POZO, ANNIA M
Address: 18000 NW 68TH AVE. APT. 412
City-St-Zip: MIAMI, FL 33015

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: ANNIA M. DEL POZO

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04/05/2008

Electronic Signature of Signing Officer or Director

Date