2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P07000042295

Entity Name: HEALTH INSURANCE SOLUTIONS, CORP.

Current Principal Place of Business:

4401 W 16TH AVE, STE 25
HIALEAH, FL 330127146

New Principal Place of Business:

4410 W 16TH AVE,
25
HIALEAH, FL 330127146

Current Mailing Address:

4401 W 16TH AVE, STE 25
HIALEAH, FL 330127146

New Mailing Address:

4410 W 16TH AVE, STE 25
HIALEAH, FL 330127146

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:

MENES, ANNIA M P
18000 NW 68TH AVE.
412
MIAMI, FL 33015 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: AM 02/06/2009
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: P (X) Change ( ) Addition
Name: MENES, ANNIA M P
Address: 18000 NW 68TH AVE. APT. 412
City-St-Zip: MIAMI, FL 33015

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: AM P 02/06/2009
Electronic Signature of Signing Officer or Director Date