2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P07000114508

Entity Name: SOUTH FLORIDA INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

12907 SW 60 ST
MIAMI, FL 33183

New Principal Place of Business:

12907 SW 60TH STREET
MIAMI, FL 33183

Current Mailing Address:

12907 SW 60 ST
MIAMI, FL 33183

New Mailing Address:

12907 SW 60TH STREET
MIAMI, FL 33183

FEI Number: 42-1742322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONT, MILDRED A
12907 SW 60 ST
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

FONT, MILDRED A
12907 SW 60TH STREET
MIAMI, FL 33183 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: _____ 02/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FONT, MILDRED A
Address: 12907 SW 60 ST
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: FONT, MILDRED A
Address: 12907 SW 60TH STREET
City-St-Zip: MIAMI, FL 33183

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: MILDRED A FONT P 02/24/2009
Electronic Signature of Signing Officer or Director — Date