

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000060879

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** INSURANCE SOLUTIONS GROUP, INC.

**Current Principal Place of Business:**

8281 SW 24 ST.  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

8281 SW 24 ST.  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 38-3786207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOKS, DET A P.A.  
10689 N. KENDALL DR., STE 319  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

DET H. JOKS, P.A.  
10689 N. KENDALL DR., STE 319  
MIAMI, FL 33176 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: DET H. JOKS

04/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SUAREZ, SILVIA L  
Address: 966 SW 82 AVE  
City-St-Zip: MIAMI, FL 33144

Title: VP  
Name: GUERRA, MARILOLA  
Address: 966 SW 82 AVE  
City-St-Zip: MIAMI, FL 33144

Title: T  
Name: SUAREZ, JAVIER A  
Address: 966 SW 82 AVE  
City-St-Zip: MIAMI, FL 33144

Title: S  
Name: SUAREZ, ALEJANDRO L  
Address: 966 SW 82 AVE  
City-St-Zip: MIAMI, FL 33144

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: SILVIA L. SUAREZ

P

04/22/2010

Electronic Signature of Signing Officer or Director

Date