

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 27, 2011
Secretary of State

Entity Name: SOLUTIONS MULTI-LINE INSURANCE, CORP.

Current Principal Place of Business:

500 NE SPANISH RIVER BOULEVARD
SUITE 15
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

500 NE SPANISH RIVER BOULEVARD
SUITE 15
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 27-2870237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZAR, WENDY A
5109 N. OCEAN BLVD.
UNIT D
OCEAN RIDGE, FL 33435 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: P
Name: YEPES, GABRIEL J
Address: 500 SPANISH RIVER BLVD., SUITE 15
City-St-Zip: BOCA RATON, FL 33431

Title: VP
Name: LAZAR, WENDY A
Address: 5109 N. OCEAN BLVD., UNIT D
City-St-Zip: OCEAN RIDGE, FL 33431

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: WENDY A. LAZAR

VP

04/27/2011

Electronic Signature of Signing Officer or Director

Date