

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000068963



1. Entity Name
D & S INSURANCE CONSULTANTS, INC.

Principal Place of Business 16052 NW 83 CT. MIAMI LAKES FL 33016	Mailing Address 16052 NW 83 CT. MIAMI LAKES FL 33016
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0441757** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMENGOL, SUSANA S
16052 NW 83 COURT
MIAMI FL 33016

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	NAME ARMENGOL, SUSANA S
STREET ADDRESS	16052 NW 83 COURT		
CITY-STATE-ZIP	MIAMI FL		
TITLE	V	<input type="checkbox"/> Delete	NAME YASHER, ROSA M
STREET ADDRESS	9180 SW 85 STREET		
CITY-STATE-ZIP	MIAMI FL 33173		
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-STATE-ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME
STREET ADDRESS	U000000625986		
CITY-STATE-ZIP	02/15/07-80001-020 150.00		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **2-4-07** (786) 252-4630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #