2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 14, 2005 08:00 AM DOCUMENT # P97000064520 **Secretary of State** DELTA INSURANCE UNDERWRITERS, INC. Principal Place of Business Mailing Address 551 WEST 51 PLACE #104 HIALEAH, FL 33012 551 WEST 51 PLACE #104 HIALEAH, FL 33012 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0776197 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent IZQUIERDO, MARITZA DO NOT WRITE 551 WEST 51 PLACE #104 HIALEAH, FL 33012 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE IZQUIERDO, MARITZA 8145 NW 7 ST., #421 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 U00000180448 01/14/05-80006-006 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITE F NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FICER OR DIRECTOR

1-1-2005

305-231-7711

Daytime Phone *