## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000064520

Entity Name: DELTA INSURANCE UNDERWRITERS, INC.

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

551 WEST 51 PLACE #104 777 N.W. 72 AVENUE HIALEAH, FL 33012 SUITE 3133

MIAMI, FL 33126 US

Current Mailing Address: New Mailing Address:

551 WEST 51 PLACE #104 P.O. BOX 521453

HIALEAH, FL 33012 MIAMI, FL 33152 US

FEI Number: 65-0776197 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

IZQUIERDO, MARITZA 551 WEST 51 PLACE #104 HIALEAH, FL 33012 US IZQUIERDO, MARITZA 777 N.W. 72 AVENUE SUITE 3133 MIAMI, FL 33126 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: 03/09/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 IZQUIERDO, MARITZA
 Name:
 IZQUIERDO, MARITZA

 Address:
 8145 NW 7 ST., #421
 Address:
 8145 N.W. 7 ST. #421

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33126 US

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: MARITZA IZQUIERDO PD 03/09/2009