

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000310

Entity Name: ABA ALL INSURANCE, INC.

FILED  
Feb 23, 2009  
Secretary of State

## Current Principal Place of Business:

3819 N. ANDREWS AVE  
OAKLAND PARK, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

3819 N. ANDREWS AVE  
OAKLAND PARK, FL 33309

## New Mailing Address:

FEI Number: 65-1084843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RODRIGUEZ, VICTOR G  
3819 N. ANDREWS AVE  
OAKLAND PARK, FL 33309 US

## Name and Address of New Registered Agent:

RODRIGUEZ VILLACIS, NORMA  
3819 N. ANDREWS AVE  
OAKLAND PARK, FL 33309 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: RODRIGUEZ VILLACIS NORMA

02/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RODRIGUEZ, VICTOR G  
Address: 3819 N. ANDREWS AVE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: VPD ( ) Delete  
Name: RODRIGUEZ-VILLACIS, NORMA  
Address: 3819 N. ANDREWS AVE  
City-St-Zip: OAKLAND PARK, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RODRIGUEZ VILLACIS, NORMA  
Address: 3819 N. ANDREWS AVE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: VPD (X) Change ( ) Addition  
Name: RODRIGUEZ VILLACIS, NORMA  
Address: 3819 N. ANDREWS AVE  
City-St-Zip: OAKLAND PARK, FL 33309

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: RODRIGUEZ VILLACIS NORMA

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date