

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000310

Entity Name: ABA ALL INSURANCE, INC.

Current Principal Place of Business:

3819 N. ANDREWS AVE
OAKLAND PARK, FL 33309

Current Mailing Address:

3819 N. ANDREWS AVE
OAKLAND PARK, FL 33309

FEI Number: 65-1084843

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ VILLACIS, NORMA PD
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name RODRIGUEZ VILLACIS, NORMA PD
Address 3819 N. ANDREWS AVE
City-State-Zip: OAKLAND PARK FL 33309

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

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: RODRIGUEZ VILLACIS, NORMA

PD

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date