

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000038888

**Entity Name:** AAG CLAIMS RELIEF PROGRAM INC.

**Current Principal Place of Business:**

5595 ORANGE DR.  
SUITE 206  
DAVIE, FL 33314

**Current Mailing Address:**

5595 ORANGE DR.  
SUITE 206  
DAVIE, FL 33314 US

**FEI Number:** 27-2532203

**Certificate of Status Desired:** No

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

POMERANZ & ASSOCIATES P.A.  
1920 E. HALLANDALE BEACH BLVD  
SUITE 802  
HALLANDALE BEACH, FL 33009 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            D  
Name            OKUN, ASHLEY  
Address        5595 ORANGE DRIVE, SUITE 206  
City-State-Zip: DAVIE FL 33314

Title            OFFICER  
Name            KLIGER, GRIGORY  
Address        5595 ORANGE DR.  
                 SUITE 206  
City-State-Zip: DAVIE FL 33314

*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:** GRIGORY KLIGER

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**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date