

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000013863

Entity Name: ABAC INSURANCE INC.

Current Principal Place of Business:

2000 NW 89TH PL
SUITE 155
DORAL, FL 33172

Current Mailing Address:

2000 NW 89TH PL
SUITE 155
DORAL, FL 33172 US

FEI Number: 83-3521857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABA, DAVID R SR.
9825 NE 2ND AVE,
MIAMI SHORES, FL 33153 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 P
Name CABA, DAVID R SR.
Address P.O BOX 530463
City-State-Zip: MIAMI SHORES FL 33153

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: DAVID R. CABA SR.

PRESIDENT

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date