

**2022 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 CABA

**PRESIDENT**

**02/08/2022**

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

\_\_\_\_\_  
Date