

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000005999

Entity Name: GABI PERSONAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

475 ANTON BLVD
COSTA MESA, CA 92626

Current Mailing Address:

475 ANTON BLVD
COSTA MESA, CA 92626 US

FEI Number: 81-3202167

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PDIR
Name TAYLOR, TY
Address 475 ANTON BLVD
City-State-Zip: COSTA MESA CA 92626

Title DIRT
Name SHOTTS, JEFF
Address 475 ANTON BLVD
City-State-Zip: COSTA MESA CA 92626

Title DIR, VP
Name SOFTLEY, JEFF
Address 475 ANTON BLVD
City-State-Zip: COSTA MESA CA 92626

Title ASST TREASURER
Name DAMAVANDI, MARYAM
Address 475 ANTON BLVD
City-State-Zip: COSTA MESA CA 92626

Title ASST TREASURER
Name MITCHELL, TATJANA
Address 475 ANTON BLVD
City-State-Zip: COSTA MESA CA 92626

Title SEC
Name LE, TOM
Address 475 ANTON BLVD
City-State-Zip: COSTA MESA CA 92626

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: DAMAVANDI MARYAM

ASST TREASURER

09/21/2023

Electronic Signature of Signing Officer/Director Detail

Date