

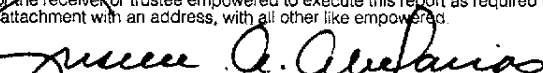


FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # G82455		Secretary of State	
1. Entity Name ABELAIRAS INSURANCE AGENCY INC.			
Principal Place of Business C/O GRISELLE A. ABELAIRAS 10520 W. FLAGLER ST. MIAMI, FL 33174		Mailing Address C/O GRISELLE A. ABELAIRAS 10520 W. FLAGLER ST. MIAMI, FL 33174	
DO NOT WRITE IN THIS SPACE			
		01042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2363521	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
ABELAIRAS, GRISELLE A. 10520 W. FLAGLER ST. MIAMI, FL 33174		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000173992 01/07/05-80041-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ABELAIRAS, GRISELLE A. 10214 SW 1 ST MIAMI, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABELAIRAS, GRISELLE A. 10214 SW 1 ST MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABELAIRAS, ARIEL J 10214 ST 1 ST MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1/5/04 305-223-0448	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Time Phone #	