2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G82455

FILED Jan 31, 2006 Secretary of State

Entity Name: ABELAIRAS INSURANCE AGENCY INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ELLE A. ABELA FLAGLER ST. 33174	AIRAS		
Current Mailing Address:		New Mailing Address:		
	ELLE A. ABELA FLAGLER ST. 33174	AIRAS		
El Number	: 59-2363521	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
ABELAIRA 10520 W.	S, GRISELLE	Α.		
ИIAMI, FL Γhe above	33174 US	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
MIAMI, FL The above n the State	33174 US named entity s of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
MIAMI, FL The above n the State	33174 US named entity se of Florida. RE:	submits this statement for the place in the place is signature of Registered Ag		ed office or registered agent, or both, Date
MIAMI, FL The above n the State BIGNATUI	anamed entity see of Florida. RE: Electron			
MIAMI, FL The above n the State BIGNATUI	anamed entity see of Florida. RE: Electron	ic Signature of Registered Ag	ent	
MIAMI, FL The above In the State SIGNATUI Election Car OFFICER: Vite: Vitame: Vitame: Vitame: Vitame:	named entity see of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete RISELLE, A.	ent	Date
MIAMI, FL The above n the State BIGNATUI	anamed entity see of Florida. RE: Electron mpaign Financing S AND DIRECT PS () ABELAIRAS, GF 10214 SW 1 ST MIAMI, FL	ic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete RISELLE, A. Delete RISELLE, A.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GRISELLE A ABELAIRAS PRES 01/31/2006