

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G82455

FILED
Mar 03, 2010
Secretary of State

Entity Name: ABELAIRAS INSURANCE AGENCY INC.

Current Principal Place of Business:

C/O GRISELLE A. ABELAIRAS
10520 W. FLAGLER ST.
MIAMI, FL 33174

New Principal Place of Business:

C/O GRISELLE A. ABELAIRAS
10520 W. FLAGLER ST.
MIAMI, FL 33174 US

Current Mailing Address:

C/O GRISELLE A. ABELAIRAS
10520 W. FLAGLER ST.
MIAMI, FL 33174

New Mailing Address:

C/O GRISELLE A. ABELAIRAS
10520 W. FLAGLER ST.
MIAMI, FL 33174 US

FEI Number: 59-2363521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABELAIRAS, GRISELLE A.
10520 W. FLAGLER ST.
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

ABELAIRAS, GRISELLE A MRS
10520 W. FLAGLER ST.
MIAMI, FL 33174 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: GRISELLE A ABELAIRAS

03/03/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS
Name: ABELAIRAS, GRISELLE A.
Address: 10214 SW 1 ST
City-St-Zip: MIAMI, FL

Title: D
Name: ABELAIRAS, GRISELLE A.
Address: 10214 SW 1 ST
City-St-Zip: MIAMI, FL 33174 US

Title: VP
Name: ABELAIRAS, ARIEL J
Address: 10214 ST 1 ST
City-St-Zip: MIAMI, FL 33174 US

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: GRISELLE A ABELAIRAS

PRES

03/03/2010

Electronic Signature of Signing Officer or Director

Date