

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K66997

FILED
May 13, 2009
Secretary of State**Entity Name:** ABSOLUTE INSURANCE AGENCY, INC.**Current Principal Place of Business:**17010 S. DIXIE HWY.
PERRINE, FL 33157 US**New Principal Place of Business:****Current Mailing Address:**17010 S. DIXIE HWY.
PERRINE, FL 33157 US**New Mailing Address:****FEI Number:** 65-0194837**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHAPIRO, MELVIN
8034 SW 91 AVE
MIAMI, FL 33173 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SHAPIRO, MELVIN
Address: 8034 SW 91ST AVE.
City-St-Zip: MIAMI, FL 33173**Title:** ST (X) Delete
Name: EDITH SHAPIRO
Address: 8034 SW 91 AVE
City-St-Zip: MIAMI, FL 33173**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MELVIN SHAPIRO

PD

05/13/2009

Electronic Signature of Signing Officer or Director

Date