

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L21579

FILED
Apr 11, 2005
Secretary of State

Entity Name: A ABELLE INSURANCE, INC.

Current Principal Place of Business:

4801 SOUTH UNIVERSITY DR
#219
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

4801 SOUTH UNIVERSITY DRIVE
#219
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 65-0146990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAFFEE, LENORA
1810 W OAK KNOLL CIRCLE
FT. LAUDERDALE, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: JAFFEE, LENORA,
Address: 4801 SOUTH UNIVERSITY DR, STE. 219
City-St-Zip: DAVIE, FL 33328

Title: DP () Delete
Name: JAFFEE, LOIS K.,
Address: 4801 SOUTH UNIVERSITY DRIVE, STE. 219
City-St-Zip: DAVIE, FL 33328

Title: DV () Delete
Name: JAFFEE, JAMES I.,
Address: 4801 SOUTH UNIVERSITY DR, STE. 219
City-St-Zip: DAVIE, FL 33328

Title: DV () Delete
Name: JAFFEE, JEFFERY B
Address: 4801 SOUTH UNIVERSITY DRIVE SUITE 219
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: PERL, LOIS K. JAFFEE,
Address: 4801 SOUTH UNIVERSITY DRIVE, STE. 219
City-St-Zip: DAVIE, FL 33328

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 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 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: LENORA JAFFEE

DST

04/11/2005

Electronic Signature of Signing Officer or Director

_____ Date