

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L21579**

1. Entity Name  
**A ABELLE INSURANCE, INC.**



Principal Place of Business  
**4801 SOUTH UNIVERSITY DR  
#219  
DAVIE, FL 33328 US**

Mailing Address  
**4801 SOUTH UNIVERSITY DRIVE  
#219  
DAVIE, FL 33328 US**

**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0146990**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000721461  
05/01/07-80145-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DST
NAME	JAFFEE, LENORA
STREET ADDRESS	4801 SOUTH UNIVERSITY DR, STE. 219
CITY- ST- ZIP	DAVIE, FL 33328
TITLE	DP.
NAME	PERL, LOIS K. JAFFEE
STREET ADDRESS	4801 SOUTH UNIVERSITY DRIVE, STE. 219
CITY- ST- ZIP	DAVIE, FL 33328
TITLE	DV
NAME	JAFFEE, JEFFERY B
STREET ADDRESS	4801 SOUTH UNIVERSITY DRIVE SUITE 219
CITY- ST- ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Lenora Jaffee* **LENORA JAFFEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/07* **4/20/07 9544506930**  
Date Daytime Phone #