2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L21579

1. Entity Name
A ABELLE INSURANCE, INC.

Principal Place of Business	Mailing Address
4801 SOUTH UNIVERSITY DR #219 DAVIE, FL 33328 US	4801 SOUTH UNIVERSITY DRIVE #219 DAVIE, FL 33328 US

DO NOT WRITE IN THIS SPACE

04092008 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

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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 _____ DATE
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/08-80029-003 150.00

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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 4/9/08 9544529060
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #