

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L21579

**FILED**  
**Feb 17, 2010**  
**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 DR  
#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  
**Name:** JAFFEE, LENORA  
**Address:** 4801 SOUTH UNIVERSITY DR, STE. 219  
**City-St-Zip:** DAVIE, FL 33328

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

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

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:** LENORA JAFFEE

DST

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date