2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

DOCUMENT# L21579

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

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 04/14/2011

Electronic Signature of Signing Officer or Director Date