2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# P00000000535

Entity Name: A AABLE CHOICE INSURANCE & TAGS, INC.

Current Principal Place of Business:

1806 NW 19TH STREET
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1806 NW 19TH STREET
FT. LAUDERDALE, FL 33311

New Mailing Address:

P O BOX 9546
FT. LAUDERDALE, FL 33311

FEI Number: 65-0970584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOGBO, CHUCK PA
2800 W OAKLAND PK BLVD STE 209
FORT LAUDERDALE, FL 33311 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: OLOPADE, LINDA
Address: 5020 N.W. 17TH STREET
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete
Name: OLOPADE, LINDA
Address: 5020 N.W. 17TH STREET
City-St-Zip: LAUDERHILL, FL 33313

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition
Name: OLOPADE, ALADE A
Address: 5020 N W 17 STREET
City-St-Zip: LAUDERHILL, FL 33313

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: LINDA OLOPADE PVST 06/29/2005

Electronic Signature of Signing Officer or Director Date