

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90040 004 ***150.00

DOCUMENT # P00000000535

1. Entity Name

A AABLE CHOICE INSURANCE & TAGS, INC.



Principal Place of Business

3975 N W 19 STREET
LAUDERDALE LAKES FL 33311

Mailing Address

P O BOX 9546
FT. LAUDERDALE FL 33311

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0970584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOT: Registered Agent's signature required when re-issuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	OLOPADE, LINDA	
STREET ADDRESS	5020 N.W. 17TH STREET	
CITY - ST - ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLOPADE, LINDA	
STREET ADDRESS	5020 N.W. 17TH STREET	
CITY - ST - ZIP	LAUDERHILL FL 33313	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OLOPADE, ALADE A	
STREET ADDRESS	5020 N W 17 STREET	
CITY - ST - ZIP	LAUDERHILL FL 33313	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM JOHNSON JR III	
STREET ADDRESS	5020 NW 17 ST	
CITY - ST - ZIP	LAUDERHILL, FL 33313	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM JOHNSON JR III	
STREET ADDRESS	5020 NW 17 ST	
CITY - ST - ZIP	LAUDERHILL, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-07