

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000535

FILED  
Apr 15, 2008  
Secretary of State

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

## Current Principal Place of Business:

3975 N W 19 STREET  
LAUDERDALE LAKES, FL 33311

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 9546  
FT. LAUDERDALE, FL 33311

## New Mailing Address:

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:

DUMETZ, LISA PA  
15155 N W 7 AVENUE  
MIAMI, FL 33169 US

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: LISA DUMETZ, P. A.

04/15/2008

Electronic Signature of Registered Agent

Date

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change ( ) Addition  
Name: JOHNSON, WILLIAM  
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 exemption stated 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 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 BYRD- OLOPADE

OWNE

04/15/2008

Electronic Signature of Signing Officer or Director

Date