

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000535

FILED
Apr 28, 2012
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 33310

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:

BENJAMIN, HAROLD L CPA
6208 PEMBROKE ROAD
MIRAMAR, FL 33023 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: PVST
Name: OLOPADE, LINDA
Address: 5020 N.W. 17TH STREET
City-St-Zip: LAUDERHILL, FL 33313

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

Title: SEC
Name: JOHNSON, WILLIAM
Address: 5020 N W 17 STREET
City-St-Zip: LAUDERHILL, FL 33313

Title: TREA
Name: HEATH, CHERYL L
Address: 3113 NW 18TH DR
City-St-Zip: POMPANO BH, FL 33069

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: LINDA JOYCE BYRD-OLOPADE

PRES

04/28/2012

Electronic Signature of Signing Officer or Director

Date