

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000000310

Entity Name: ABA ALL INSURANCE, INC.

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

3819 N. ANDREWS AVE  
OAKLAND PARK, FL 33309

## **New Principal Place of Business:**

## **Current Mailing Address:**

3819 N. ANDREWS AVE  
OAKLAND PARK, FL 33309

## **New Mailing Address:**

FEI Number: 65-1084843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

RODRIGUEZ VILLACIS, NORMA PD  
3819 N. ANDREWS AVE  
OAKLAND PARK, FL 33309 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: PD  
Name: RODRIGUEZ VILLACIS, NORMA PD  
Address: 3819 N. ANDREWS AVE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: VPD  
Name: RODRIGUEZ VILLACIS, NORMA VPD  
Address: 3819 N. ANDREWS AVE  
City-St-Zip: OAKLAND PARK, FL 33309

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: NORMA RODRIGUEZ

PD

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date