

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049864

Entity Name: ABS INSURANCE, INC.

FILED  
Apr 10, 2008  
Secretary of State

**Current Principal Place of Business:**

11402 NW 41ST STREET  
STE 213  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

11402 NW 41ST STREET  
STE 213  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 04-3658089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAST, LOUIS F  
8405 NW 53RD STREET  
SUITE C-100  
MIAMI, FL 33166 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: VALDES, SILVIA M  
Address: 467 WEST 43 PLACE  
City-St-Zip: HIALEAH, FL 33012

Title: VSD ( ) Delete  
Name: GARCIA, BLAS  
Address: 467 WEST 43 PLACE  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: SILVIA M VALDES

PRES

04/10/2008

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

\_\_\_\_\_  
Date