

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000084291

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** A+ INSURANCE GROUP COMPANY

**Current Principal Place of Business:**

3450 W 84 ST UNIT 202-J  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

3450 W 84 ST UNIT 202-J  
HIALEAH GARDENS, FL 33018

**New Mailing Address:**

**FEI Number:** 26-0595886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SABATELA, CARELIS  
14897 SW 175 ST  
MIAMI, FL 33187 US

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

SABATELA, CARELIS  
165 VISTA VERDI RD  
DAVIE, FL 33325 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:** CARELIS SABATELA

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SABATELA, CARELIS  
**Address:** 165 VISTA VERDI RD  
**City-St-Zip:** DAVIE, FL 33325

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:** CARELIS SABATELA

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date