

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000071577

Entity Name: JABS INSURANCE, INC.

FILED
May 01, 2011
Secretary of State

Current Principal Place of Business:

1239 E NEWPORT CENTER DR
STE 101
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1239 E NEWPORT CENTER DR
STE 101
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 27-0840851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ARNOLD
1239 E NEWPORT CENTER DR
STE 101
DEERFIELD BEACH, FL 33442 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: P
Name: COHEN, ARNOLD
Address: 1239 E NEWPORT CENTER DR STE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP
Name: COHEN, SETH
Address: 1239 E NEWPORT CENTER DR STE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPS
Name: COHEN, BRADLEY
Address: 1239 E NEWPORT CENTER DR STE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPT
Name: COHEN, JARED
Address: 1239 E NEWPORT CENTER DR STE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

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: ARNOLD COHEN

P

05/01/2011

Electronic Signature of Signing Officer or Director

Date