

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000038888

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** AAG CLAIMS RELIEF PROGRAM INC.

**Current Principal Place of Business:**

1920 E. HALLANDALE BEACH BLVD.  
SUITE 808  
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

5595 ORANGE DR.  
SUITE 206  
DAVIE, FL 33314 US

**Current Mailing Address:**

1920 E. HALLANDALE BEACH BLVD.  
SUITE 808  
HALLANDALE BEACH, FL 33009 US

**New Mailing Address:**

5595 ORANGE DR.  
SUITE 206  
DAVIE, FL 33314 US

**FEI Number:** 27-2532203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POMERANZ & ASSOCIATES P.A.  
1920 E. HALLANDALE BEACH BLVD  
SUITE 802  
HALLANDALE BEACH, FL 33009 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: D  
Name: OKUN, ASHLEY  
Address: 5595 ORANGE DRIVE, SUITE 206  
City-St-Zip: DAVIE, FL 33314 US

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: OKUN

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04/12/2011

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

\_\_\_\_\_  
Date