

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093330

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: AFFORDABLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

10 FAIRWAY DR 214  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 FAIRWAY DR., #214  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 65-0543316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOBEL, LESLIE  
10 FAIRWAY DR #214  
DEERFIELD BEACH, FL 33441 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: VD ( ) Delete  
Name: SOBEL, STEVEN  
Address: 10 FAIRWAY DR 214  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: SOBEL, LESLIE  
Address: 10 FAIRWAY DR, #214  
City-St-Zip: DEERFIELD BEACH, FL

**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 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: LESLIE SOBEL

D

04/17/2006

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

\_\_\_\_\_  
Date