

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062193

FILED
Jul 05, 2007
Secretary of State

Entity Name: ALEVE INSURANCE SERVICES, INC.

Current Principal Place of Business:

752 NE 167 STREET
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

PO BOX 640526
NORTH MIAMI BCH, FL 33164

New Mailing Address:

FEI Number: 65-0681048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULRICKA, LEBRUN F AGENT
752 NE 167TH STREET
MIAMI, FL 33162 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEBRUN, YVES
Address: 752 NE 167TH STREET
City-St-Zip: MIAMI, FL 33162

Title: A. () Delete
Name: LEBRUN, ULRICKA F
Address: 752 NE 167TH STREET
City-St-Zip: NORTH MIAMI, FL 33162

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: ULRICKA LEBRUN

MAN.

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date