

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K66997

Entity Name: ABSOLUTE INSURANCE AGENCY, INC.

Current Principal Place of Business:

17010 S. DIXIE HWY.
PERRINE, FL 33157

Current Mailing Address:

17010 S. DIXIE HWY.
PERRINE, FL 33157 US

FEI Number: 65-0194837

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAPIRO, MELVIN
8034 SW 91 AVE
MIAMI, FL 33173 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name SHAPIRO, MELVIN
Address 8034 SW 91ST AVE.
City-State-Zip: MIAMI FL 33173

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: MELVIN SHAPIRO

P

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date