

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154233

Entity Name: ABLE INSURANCE AGENCY H.W. INC

Current Principal Place of Business:

595 EAST SAMPLE RD
POMPANO BEACH, FL 33064

Current Mailing Address:

595 EAST SAMPLE RD
POMPANO BEACH, FL 33064

FEI Number: 20-3815660

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WRAYA, HASSAN A
595 E SAMPLE RD
POMPANO BEACH, FL 33064 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 P
Name WRAYA, HASSAN A
Address 3555 NW 35TH ST
City-State-Zip: COCONUT CREEK FL 33066

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: HASSAN WRAYA

P

02/23/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date