

**2019 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        5424 NW 48 ST  
City-State-Zip: COCONUT CREEK FL 33073

*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

03/15/2019

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date