


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M34063
1. Entity Name
BEST MERIDIAN INSURANCE COMPANY



<i>Principal Place of Business</i>	<i>Mailing Address</i>
1320 S. DIXIE HIGHWAY 6TH FLOOR CORAL GABLES, FL 33146	1320 S. DIXIE HIGHWAY 6TH FLOOR CORAL GABLES, FL 33146



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2764247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, ROSARIO P., ESQ.
1320 S. DIXIE HWY
SIXTH FLOOR
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	SIERRA, ANTONIO M.
STREET ADDRESS	9451 JOURNEY'S END ROAD
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DS
NAME	DUNCAN, ROSARIO P.
STREET ADDRESS	3070 FREEMAN ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	BUSH, BRENT
STREET ADDRESS	1320 S. DIXIE HWY, 6TH FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	VILLALOBOS, JOSE A.
STREET ADDRESS	1645 SW 85TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	SIERRA, ANTHONY F
STREET ADDRESS	1320 S. DIXIE HWY, 6TH FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	GARCIA-VELEZ, CARLOS
STREET ADDRESS	9325 SW 98TH ST.
CITY-ST-ZIP	MIAMI, FL

**DO NOT WRITE
IN THIS SPACE**

00000392180
01/24/06-80071-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: MANUEL DELATI, CFO 1/16/06 305-668-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #