


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M34063  
 1. Entity Name  
 BEST MERIDIAN INSURANCE COMPANY



Principal Place of Business 1320 S. DIXIE HIGHWAY 6TH FLOOR CORAL GABLES, FL 33146	Mailing Address 1320 S. DIXIE HIGHWAY 6TH FLOOR CORAL GABLES, FL 33146
---	---



01042007 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

00000588386  
 01/16/07-80048-015 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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 supplementary 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:  **Rosario P. Duncan, Secretary** 1/12/06 305-668-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #