


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000019543**

1. Entity Name  
**GA BEST INSURANCE AND FINANCIAL SERVICES, INC.**



Principal Place of Business      Mailing Address

**256 REINETTE DR**      **256 REINETTE DR**  
**MIAMI, FL 33166**      **MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**



05052004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0825956**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARZON, MARIO**  
**256 REINETTE DRIVE**  
**MIAMI, FL 33166**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>GARZON, MARIO</b>
STREET ADDRESS	<b>256 REINETTE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166</b>
TITLE	<b>VP</b>
NAME	<b>GARZON, CLARA</b>
STREET ADDRESS	<b>256 REINETTE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000158129**  
**05/07/04-80003-005 150.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_      **05-05/04 (305) 885-6858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #