

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019543

FILED  
Jul 25, 2005  
Secretary of State

Entity Name: GA BEST INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

256 REINETTE DR  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

256 REINETTE DR  
MIAMI, FL 33166

**New Mailing Address:**

536 BARCELONA DR  
POINCIANA, FL 34759

FEI Number: 65-0825956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARZON, MARIO  
256 REINETTE DRIVE  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

GARZON, MARIO  
536 BARCELONA DR  
POINCIANA, FL 34759 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

07/25/2005

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARZON, MARIO  
Address: 256 REINETTE DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP ( ) Delete  
Name: GARZON, CLARA  
Address: 256 REINETTE DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARZON, MARIO  
Address: 536 BARCELONA DR  
City-St-Zip: POINCIANA, FL 34759

Title: VP (X) Change ( ) Addition  
Name: GARZON, CLARA  
Address: 536 BARCELONA DR  
City-St-Zip: POINCIANA, FL 34759

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIO GARZON

Electronic Signature of Signing Officer or Director

P

07/25/2005

Date