

2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000086074

Entity Name: A. BEST INSULATION INC.**Current Principal Place of Business:**14055 SW 143 CT
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MIAMI, FL 33186**Current Mailing Address:**14055 SW 143 CT
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MIAMI, FL 33186 UN**FEI Number:** 65-1039855**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACOSTA, ALDO
14055 SW 143 CT
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MIAMI, FL 33186 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 PT
Name ACOSTA, ALDO
Address 14055 SW 143 CT
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City-State-Zip: MIAMI FL 33186Title VP
Name ACOSTA, SOFIA
Address 14055 SW 143 CT
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City-State-Zip: MIAMI 33186Title DIRECTOR, SECRETARY
Name ACOSTA, ADRIANA SOFIA
Address 14055 SW 143 CT
20
City-State-Zip: MIAMI 33186Title DIRECTOR, TREASURER
Name ACOSTA, PRISCILA ELIZABETH
Address 14055 SW 143 CT
20
City-State-Zip: MIAMI 33186Title DIRECTOR, ASST. SECRETARY
Name ACOSTA, OLIVER ALBERTO
Address 14055 SW 143 CT
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City-State-Zip: MIAMI 33186

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: ALDO ACOSTA**PRESIDENT****12/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date