**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 28, 2016**
**Secretary of State**
**CC9218664191**

DOCUMENT# P08000093508

**Entity Name:** BEST INSURANCE DIRECT, INC.

**Current Principal Place of Business:**

3579 COCOPLUM CIRCLE
COCONUT CREEK, FL 33063

**Current Mailing Address:**

PO BOX 51719
LIGHTHOUSE POINT, FL 33074

**FEI Number: 26-3707889**

**Certificate of Status Desired:** No

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

DAVIS, TODD
3579 COCOPLUM CIR
214
POMPANO BEACH, FL 33063 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 | P, S |
| Name | DAVIS, TODD |
| Address | 3579 COCOPLUM CIR #214 |
| City-State-Zip: | POMPANO BEACH FL 33063 |

*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: TODD DAVIS P,S 03/28/2016

Electronic Signature of Signing Officer/Director Detail — Date