

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000050405

**Entity Name:** BEST INSURANCE SOLUTIONS, INC

**Current Principal Place of Business:**

3710 INVERRARY DR  
APT 3T  
LAUDERHILL, FL 33319

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC3937495118**

**Current Mailing Address:**

3710 INVERRARY DR  
APT 3T  
LAUDERHILL, FL 33319 US

**FEI Number: 37-1785343**

**Certificate of Status Desired: No**

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

JEAN-BAPTISTE, JOHNNY  
3710 INVERRARY DR  
APT 3T  
LAUDERHILL, FL 33319 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  
Name            JEAN-BAPTISTE, JOHNNY  
Address        3710 INVERRARY DR APT 3T  
City-State-Zip: LAUDERHILL FL 33319

Title            VP  
Name            LOUIS, WILTER  
Address        5460 N STATE RD 7 STE 217  
City-State-Zip: LAUDERHILL FL 33319

*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: JOHNNY JEAN-BAPTISTE**

**P**

**04/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date