

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000050405

Entity Name: BEST INSURANCE SOLUTIONS, INC

Current Principal Place of Business:

5460 N STATE RD 7
STE 217
LAUDERHILL, FL 33319

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

04/30/2016

Electronic Signature of Signing Officer/Director Detail

Date