

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90034 031 ***150.00

DOCUMENT # K34465	
1. Entity Name AMERICA'S BEST COVERAGE INSURANCE AGENCY, INC.	



Principal Place of Business 9445 SW 40 STREET SUITE 102 MIAMI, FL 33165	Mailing Address 9445 SW 40 STREET SUITE 102 MIAMI, FL 33165
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54013370



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PRIETO, ODALYS D. 7425 SW 39 ST MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Odalis D. Prieto

President

Odalis D. Prieto

2/27/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRIETO, LILIA, E		NAME	
STREET ADDRESS 4375 SW 83 AVENUE		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33155		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRIETO, ODALYS D.		NAME PRIETO, ODALYS D.	
STREET ADDRESS 7425 SW 39 ST		STREET ADDRESS 8621 SW 46 ST	
CITY-ST-ZIP MIAMI, FL		CITY-ST-ZIP MIAMI, FL 33155	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Odalis D. Prieto

ODALYS D. PRIETO

2/27/04

(305) 207-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #