## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **DOCUMENT # K34465**

1. Entity Name

AMERICA'S BEST COVERAGE INSURANCE AGENCY,



Mailing Address

9445 SW 40 STREET SUITE 102 MIAMI, FL 33165

Principal Place of Business

9445 SW 40 STREET SUITE 102 MIAMI, FL 33165

## **FILED** Jan 12, 2007 08:00 AM Secretary of State



01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0078414 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PRIETO, ODALYS D. DO NOT WRITE 8621 SW 46TH ST MIAMI, FL 33155 IN THIS SPACE 8. The above named rpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE PRIETO, ODALYS D. NAME STREET ADDRESS 8621 SW 46ST CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS C:TY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP " TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplies gently 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 reference on the reference of the corporation or the reference of the corporation of the corporation of the corporation or the reference of the corporation of the corporation or the reference of the corporation of the corpo

SIGNATURE AND TYPED OF