2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2008 08:00 Al Secretary of State

4- ANNUAL REPORT					ren 01, 2000 00:0		
1. Entity Nam	MENT # K34465 A's best coverage insur	ANCE AGENCY,			Se	cretary of St	
Principal Place of Business 9445 SW 40 STREET SUITE 102 MIAMI, FL 33165 Mailing Address 9445 SW 40 STREET SUITE 10 MIAMI, FL 33165)2		20 JUNI 21311 BYAYA CIYDI 8111 1181	I aper sonic alon dian dinnocal di foni	
D	OO NOT WRITE I	CE	01072008 4. FEI Numb 65-007	No Chg-P (er '8414	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required		
PRIETO, C 8621 SW 4 MIAMI, FL	16TH ST			NOT WR			
	named entity submits this statement for the ions of registered agent. Signature, typed or proted name of registered agent and left.		ed office or regis		oth, in the State of Florida	a. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				5.00 May Be dded to Fees	U0000081 02/08/08~80	0523 068-006 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND DIRE PD PRIETO, ODALYS D. 8621 SW 46ST MIAMI, FL 33155	CTORS			NOT WR		
NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental peport 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 trusted empawered 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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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