

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M34063

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: BEST MERIDIAN INSURANCE COMPANY

## Current Principal Place of Business:

1320 S. DIXIE HIGHWAY  
6TH FLOOR  
CORAL GABLES, FL 33146

## New Principal Place of Business:

## Current Mailing Address:

1320 S. DIXIE HIGHWAY  
6TH FLOOR  
CORAL GABLES, FL 33146

## New Mailing Address:

FEI Number: 59-2764247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUNCAN, ROSARIO P., ESQ.  
1320 S. DIXIE HWY  
SIXTH FLOOR  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: SIERRA, ANTONIO M.  
Address: 9451 JOURNEY'S END ROAD  
City-St-Zip: CORAL GABLES, FL

Title: DS ( ) Delete  
Name: DUNCAN, ROSARIO P.,  
Address: 3070 FREEMAN ST.  
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete  
Name: BUSH, BRENT  
Address: 1320 S. DIXIE HWY, 6TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: VILLALOBOS, JOSE A.,  
Address: 1645 SW 85TH AVE  
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete  
Name: SIERRA, ANTHONY F  
Address: 1320 S. DIXIE HWY, 6TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: GARCIA-VELEZ, CARLOS,  
Address: 9325 SW 98TH ST.  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROSARIO P. DUNCAN

S

01/08/2009

Electronic Signature of Signing Officer or Director

Date