

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M57548

FILED
Jan 06, 2006
Secretary of State

Entity Name: A BEST FLORIDA INSURANCE, INC.

Current Principal Place of Business:

8050 N. UNIVERSITY DRIVE
205
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

8050 N. UNIVERSITY DRIVE
205
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 65-0017526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOKOLOFF, BARRY R
930 NW 119 AVENUE
CORAL SPRINGS, FL 33071 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: PD () Delete
Name: SOKOLOFF, BARRY
Address: 930 NW 119 AVENUE
City-St-Zip: CORAL SPRING, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOKOLOFF, BARRY
Address: 930 NW 119 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY SOKOLOFF

PRES

01/06/2006

Electronic Signature of Signing Officer or Director

Date