

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M57548

**FILED**  
**Mar 07, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: BARRY SOKOLOFF

PRES

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date