

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000534

Entity Name: BEST ONE INSURANCE, INC.

FILED  
May 05, 2009  
Secretary of State

**Current Principal Place of Business:**

9425 SUNSET DR.  
170  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9425 SUNSET DR.,  
170  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-0970697      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORTEGA, LUIS  
9425 SUNSET DR., STE. 170  
MIAMI, FL 33173 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ORTEGA, LUIS  
Address: 9425 SUNSET DR., STE. 170  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LUIS ORTEGA

P

05/05/2009

Electronic Signature of Signing Officer or Director

Date