

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079954

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** BEST CHOICE INSURANCE AGENCY CORP.

**Current Principal Place of Business:**

6990 NW 179 STREET  
SUITE 201  
HIALEAH, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 4662  
HIALEAH, FL 33014

**New Mailing Address:**

**FEI Number:** 65-1129927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARA, MAYDELIS  
6990 N.W. 179ST #201  
MIAMI, FL 33015 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: P  
Name: LARA, MAYDELIS  
Address: 6990 N.W. 179 ST #201  
City-St-Zip: MIAMI, FL 33015

Title: VD  
Name: LARA, CARLOS A  
Address: 6990 NW 179 ST. #201  
City-St-Zip: MIAMI, FL 33015

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:** MAYDELIS LARA

P

04/30/2010

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

\_\_\_\_\_  
Date