2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P04000125268

Entity Name: BEST RATE INSURANCE AGENCY INC

Current Principal Place of Business:

7800 NW 25 ST. #18
DORAL, FL 33122

New Principal Place of Business:

Current Mailing Address:

7800 NW 25 ST. #18
DORAL, FL 33122

New Mailing Address:

FEI Number: 20-1571098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORENO, ALEJANDRO
15629 SW 36TH TERR
MIAMI, FL 33185 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: D ( ) Delete
Name: MORENO, ALEJANDRO D
Address: 15629 SW 36TH TERR
City-St-Zip: MIAMI, FL 33185 US

Title: P ( ) Delete
Name: MORENO, ALEJANDRO P
Address: 15629 SW 36 TERRACE
City-St-Zip: MIAMI, FL 33185 US

Title: D ( ) Delete
Name: MORENO, YANAYPHIS D
Address: 15629 SW 36 TERRACE
City-St-Zip: MIAMI, FL 33185 US

Title: VP ( ) Delete
Name: MORENO, YANAYPHIS VP
Address: 15629 SW 36 TERRACE
City-St-Zip: MIAMI, FL 33185 US

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:

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: ALEJANDRO MORENO P 01/07/2008

Electronic Signature of Signing Officer or Director — Date