

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125268

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** BEST RATE INSURANCE AGENCY INC

**Current Principal Place of Business:**

8600 NW 17 ST. #170  
DORAL, FL 33126

**New Principal Place of Business:**

8600 NW 17 ST.  
SUITE 170  
DORAL, FL 33126

**Current Mailing Address:**

8600 NW 17 ST. #170  
DORAL, FL 33126

**New Mailing Address:**

8600 NW 17 ST.  
SUITE 170  
DORAL, FL 33126

**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:**

MORENO, ALEJANDRO  
8600 NW 17 ST.  
SUITE 170  
DORAL, FL 33126 US

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: ALEJANDRO MORENO

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MORENO, ALEJANDRO D  
Address: 8600 NW 17 ST. SUITE 170  
City-St-Zip: DORAL, FL 33126 US

Title: P  
Name: MORENO, ALEJANDRO P  
Address: 8600 NW 17 ST SUITE 170  
City-St-Zip: DORAL, FL 33126 US

Title: D  
Name: MORENO, YANAYPHIS D  
Address: 8600 NW 17 ST SUITE 170  
City-St-Zip: DORAL, FL 33126 US

Title: VP  
Name: MORENO, YANAYPHIS VP  
Address: 8600 NW 17 ST SUITE 170  
City-St-Zip: DORAL, FL 33126 US

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: ALEJANDRO MORENO

D

01/05/2011

Electronic Signature of Signing Officer or Director

Date