2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015999

Entity Name: BEST INSURANCE CHOICE CORP

FILED Jun 29, 2006 Secretary of State

Littly Nai	Me. BEST INSURANCE CHOICE COR	ΛΓ		
Current Principal Place of Business:		New Principal Place	of Business:	
7756A N.V SUNRISE,	V. 44ST FL 33351 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P.O. BOX FORT LAU	120816 JDERDALE, FL 33312			
FEI Number:	: FEI Number Applied For (X) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		nt: Name and Address o	Name and Address of New Registered Agent:	
7756A NW SUNRISE, The above	FL 33351 US named entity submits this statement for e of Florida.	r the purpose of changing its registered	d office or registered agent, or both,	
SIGNATOR	Electronic Signature of Registere	ed Agent	 Date	
Election Car	ce with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution ().	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete CORDERO, ALEXANDRA R 7756A NW 44ST SUNRISE, FL 33351 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete CORDERO, CHRISTIAN W 7756A NW 44ST SUNRISE, FL 33351 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEXANDRA CORDERO P 06/29/2006