

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000037893

**FILED**  
**Feb 20, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA BEST INSURANCE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

13138 WEST DIXIE HWY  
MIAMI, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

13138 WEST DIXIE HWY  
MIAMI, FL 33138 US

**New Mailing Address:**

1575 NE 160 STREET  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 20-2745992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOEL, FRANCOIS  
1575 NE 160 ST  
NORTH MIAMI BCH, FL 33162 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/D  
**Name:** NOEL, FRANCOIS  
**Address:** 1575 NE 160 ST  
**City-St-Zip:** NORTH MIAMI BCH, FL 33162 US

**Title:** VP/D  
**Name:** GUY, CHARLES  
**Address:** GUY CHARLES  
**City-St-Zip:** 19453 NW 29 CT, FL 33056 US

**Title:** TRES  
**Name:** MARIE, NOEL  
**Address:** 1575 NE 160 ST  
**City-St-Zip:** NORTH MIAMI, FL 33162

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:** FRANCOIS NOEL

P/D

02/20/2010

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

\_\_\_\_\_  
Date