

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90171 045 ***150.00

DOCUMENT # P07000086865 1. Entity Name BEST CHOICE PUBLIC ADJUSTERS, INC.					
Principal Place of Business 4888 DAVIS BLVD. #167 NAPLES, FL 34104 US			Mailing Address 4888 DAVIS BLVD. #167 NAPLES, FL 34104 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1550 So. Dixie Hwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 221			
City & State		City & State Coral Gables, FL		4. FEI Number 261331717	
Zip		Zip 33146		Country US	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent VELILLA, GILBERT B PA 7703 CAMINO REAL APT. # A-109 MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		DATE 4/24/08	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELILLA, GILBERT B PA 4888 DAVIS BLVD. NAPLES, FL 34104	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Christina Noel Velilla 1550 So. Dixie Hwy, Suite 221 Coral Gables, FL 33146
☐ Change ☒ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/24/08 Date Daytime Phone #					