

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000097779

FILED
Jul 18, 2008
Secretary of State**Entity Name:** USA BEST INSURANCE AGENCY, INC.**Current Principal Place of Business:**4469 SOUTH CONGRESS AVENUE
111
LAKE WORTH, FL 33461 US**New Principal Place of Business:****Current Mailing Address:**2663 SAWYER TERRACE
WELLINGTON, FL 33414 US**New Mailing Address:****FEI Number:** 75-3252358**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GARCIA, LEONCIO
2663 SAWYER TERRACE
WELLINGTON, FL 33414 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, LEONCIO
Address: 2663 SAWYER TERRACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP () Delete
Name: GARCIA, LEONCIO
Address: 2663 SAWYER TERRACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: TR () Delete
Name: GARCIA, LEONCIO
Address: 2663 SAWYER TERRACE
City-St-Zip: WELLINGTON, US 33414 US

Title: SEC () Delete
Name: GARCIA, LEONCIO
Address: 2663 SAWYER TERRACE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: GARCIA, LEONCIO
Address: 2663 SAWYER TERRACE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BAEZ, PETER
Address: 750 SW ALTON CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: LEONCIO GARCIA

P

07/18/2008

Electronic Signature of Signing Officer or Director

Date