2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008
Secretary of State

DOCUMENT# P07000128090

Entity Name: BEST OPTION INSURANCE AGENCY INC.

Current Principal Place of Business:

4767 NW 167TH ST.
CAROL, FL 33055

New Principal Place of Business:

4767 NW 167TH ST.
CAROL CITY, FL 33055

Current Mailing Address:

4767 NW 167TH ST.
CAROL, FL 33055

New Mailing Address:

4767 NW 167TH ST.
CAROL CITY, FL 33055

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PUENTES, SERGIO
15709 NW 47TH AVE
MIAMI GARDENS, FL 33054 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PUENTES, SERGIO
Address: 15709 NW 47TH AVE
City-St-Zip: MIAMI GARDENS, FL 33054 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SERGIO PUENTES P 05/14/2008

Electronic Signature of Signing Officer or Director — Date