

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094737

FILED  
May 26, 2010  
Secretary of State

Entity Name: BUYSMART INSURANCE, INC.

**Current Principal Place of Business:**

190 N HOMESTEAD BLVD.  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

190 N HOMESTEAD BLVD.  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number: 65-0791793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESTRADA, BEATRIZ  
190 N HOMESTEAD BLVD  
HOMESTEAD, FL 33030 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: PS  
Name: ESTRADA, BEATRIZ  
Address: 190 N HOMESTEAD BLVD  
City-St-Zip: HOMESTEAD, FL 33030

Title: VT  
Name: CHIRINOS, CARLOS  
Address: 190 N HOMESTEAD BLVD  
City-St-Zip: HOMESTEAD, FL 33030

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: BEATRIZ ESTRADA

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05/26/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date