

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000068024

**Entity Name:** BEST RATES INSURANCE, INC.

**Current Principal Place of Business:**

3275 W HILLSBORO BLVD  
207  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

3275 W HILLSBORO BLVD  
207  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 38-4045389

**Certificate of Status Desired:** No

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

DIGIORGIO, FRANK A.  
5240 GLENVILLE DR  
BOYNTON BEACH, FL 33437-1678 US

*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

**Officer/Director Detail :**

Title VP  
Name DIGIORGIO, CHRISTINA M  
Address 410 BUTTONWOOD LANE  
City-State-Zip: BOYNTON BEACH FL 33436-7122

Title S  
Name DIGIORGIO, MICHAEL  
Address 5240 GLENVILLE DR  
City-State-Zip: BOYNTON BEACH FL 33437

Title P T  
Name DIGIORGIO, FRANK A  
Address 5240 GLENVILLE DR  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** FRANK A DIGIORGIO

**PRESIDENT**

**03/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date