2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCU	INAFIN	JT	#	F ₀₁	00)O	വ	620	R
	/ I V I L I	* 1	**		U	,,,	JU	UZU	

1. Entity Name

ONLY THE BEST, INC.



Principal Place of Business

Mailing Address

99-969 IWAENA ST. AIEA, HI 96701 99-969 IWAENA ST. AIEA, HI 96701



DO NOT WRITE IN THIS SPACE

01162007 No Chg-P

CR2E034 (11/05)

4. FEI Number 99-0267118

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, MICHAEL W ONE INDENEPENDENT DR., STE 2600 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

ö.	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 applic

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME HOLLANDER, MARK R STREET ADDRESS 5687 KALANIANAOLE HWY CITY-ST-ZIP HONOLULU, HI 96821 TITLE NAME ROBERTSON, RONALD C STREET ADDRESS 1674 OHAWAII PLACE CITY-ST-7IP HONOLULU, HI TITLE NAME LAU, LORRAINE STREET ADDRESS 99-155 OHEKANI LP CITY-ST-ZIP AIEA, HI 96701 NAME GEIGER, JAMES 2067 LAUKAHI PL STREET ADDRESS CITY-ST-ZIP HONOLULU, HI 96821 KAGAWA, ANDREW NAME 81-KAWANANAKOA PL STREET ADDRESS CITY-ST-ZIP HONOLULU, HI 96817 TANIGUCHI, TODD G NAME STREET ADDRESS 104 HANOHANO PL CITY-ST-ZIP HONOLULU, HI 96825

U00000611046 02/02/07-80045-020 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 ORDRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

808 487-99.19

Date

Daytime Phone #