

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000057887

1. Entity Name
BEST FORM, LLC



Principal Place of Business
901 PONCE DE LEON BOULEVARD, SUITE 603
CORAL GABLES, FL 33134

Mailing Address
901 PONCE DE LEON BOULEVARD, SUITE 603
CORAL GABLES, FL 33134



01142008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-4431610 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BOULEVARD, SUITE 603
CORAL GABLES, FL 33134

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8. 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, if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARVAJAL, JOSE HAROLD
STREET ADDRESS	901 PONCE DE LEON BOULEVARD, SUITE 603
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	CARVAJAL, AMPARO
STREET ADDRESS	901 PONCE DE LEON BOULEVARD, SUITE 603
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/10/08-80004-020 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03-19-08 305-444-1741

JOSE HAROLD CARVAJAL