2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000129492

1. Entity Name
Best Power Electric Inc

FILED
05 MAY 18 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1478 NW 79 Ave. Miami Fla 33126
Mailing Address: same

2. Principal Place of Business: 1478 NW 79 Ave
Suite, Apt. #, etc.

3. Mailing Address: Same
Suite, Apt. #, etc.

City & State	City & State	4. FEI Number
Miami Fla		20-1620588

☐ Applied For
☐ Not Applicable

Zip	Country	Zip	Country
33126	Miami-Dade		

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Manuel Hernandez
1478 NW. 79 Ave
Miami FL 33126.

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manuel Hernandez, 1478 NW 79 Ave, Miami FL 33126, Pres. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lazaro J Menendez, 1478 NW 79 Ave, Miami FL 33126, Vic Pres ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900055376199 05/26/05--01059--001 **150.00 ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______________________________ 4/28/05 786 2186301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #