

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004743

FILED
Apr 02, 2007
Secretary of State

Entity Name: BEST SOLUTION BUILDERS, INC.

Current Principal Place of Business:

247 SW COCONUT KEY WAY
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

247 SW COCONUT KEY WAY
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-4115194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GBS CONSULTANTS
1290 WESTON RD SUITE 306
WESTON, FL 33326 US

Name and Address of New Registered Agent:

GBS CONSULTANTS
18501 PINES BLVD. SUITE 201
PEMBROKE PINES, FL 33029 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

04/02/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, CARLOS G
Address: 18510 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VTD () Delete
Name: VALLDERUTEN, FE
Address: 18510 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: VALLDERUTEN, ALMA
Address: 18510 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, CARLOS G
Address: 247 SW COCONUT KEY WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VTD (X) Change () Addition
Name: VALLDERUTEN, FE
Address: 247 SW COCONUT KEY WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLOS G. LOPEZ

Electronic Signature of Signing Officer or Director

PD

04/02/2007

Date