

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004743

FILED  
Apr 09, 2008  
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  
18501 PINES BLVD. SUITE 201  
PEMBROKE PINES, FL 33029      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

PD

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date