## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P97000002630** 02-26-2004 90016 025 \*\*\*150.00 1. Entity Name BEST SIGNS, INC. Principal Place of Business Mailing Address 44014177 7132 SW 47TH ST. 7132 SW 47TH ST. MIAMI, FL 33155 MIAMI, FL 33155 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0725646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZEDAN, BORIS DO NOT WRITE 7132 SW 47TH ST. MIAMI, FL 33155 IN THIS SPACE 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DΡ TITLE ZEDAN, BORIS NAME 7132 SW 47TH ST. STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP DΛ TITLE ZEDAN, ESTUARDO NAME STREET ADDRESS 7132 SW 47TH ST. CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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

FILED Feb 26, 2004 8:00 am

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