2008 FOR PROFIT CORPORATION ANNUAL REPORT ~

FILED Feb 08, 2008 8:00 am

ANNOAL NEFONI					Sacratary of State					
DOCUMENT # P9700002630 1. Entity Name BEST SIGNS, INC.					Secretary of State 02-08-2008 90039 029 ***150.00					
Principal Plac	e of Business	Mailing Address	Mailing Address :		400	_				
4679 SW 72 AVE		4679 SW 72 AVE			400-					
MIAMI, FL 33155		MIAMI, FL 33155		· · .						
		,								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302008	Chg-P	CR2E034 (12/06)			
City & State		City & State			4. FEI Number 65-0725	646		\rightarrow	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired		.75 Add Required		
	6Name and Address of Current	Registered Agent			_7. Name and A	ddress of New Ro	egistered Agei	nt		
			Name							
ZEDAN, BORIS				Street Address (P.O. Box Number is Not Acceptable)						
4679 SW 72 AVE MIAMI, FL 33155				Singer Address (F.O. Box Number is Not Acceptable)						
IVIIAWII, I L	33133									
										
			City				FL	Zip Code	9	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office of	register	ed agent, or both,	in the State of Flor	rida. t am fami	liar with,	and accept	
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signat	ure required	when reinstating)		DATE			
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.		ribution.	\$5. Adde	00 May Be ed to Fees					
10.	OFFICERS AND		11.	1	ADDITIONS/C	HANGES TO OFFI	CERS AND DIF	RECTORS		
TITLE	DP	☐ Delete	TITLE					Change	Addition	
NAME	ZEDAN, BORIS		NAME							
STREET ADDRESS	4679 SW 79 AVE		STREET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33155	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP							
TITLE	DV.	Delete	TITLE					Change	Addition	
NAME	ZEDAN, ESTUARDO		NAME							
STREET ADDRESS	4679 SW 72 AVE		STREET ADDRESS	Ì						
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP							
TITLE		☐ Defete	TITLE	DT	_			Change	X Addition	
NAME			NAME	ZEDA	N, GADALA					
STREET ADDRESS			STREET ADDRESS	4679	SW 72 AV	Έ				
CITY-ST-ZIP			CITY-ST-ZIP	[II. FL 331					
TITLE		☐ Delete	TITLE	DS	_,			Change	★ Addition	
NAME			NAME	ı	NI DOLANI	n				
STREET ADDRESS			STREET ADDRESS		N, ROLANI					
CATY-ST-ZIP			CITY-ST-ZIP	1	SW 72 AV					
TITLE		☐ Delete	TITLE	MLAM	I, FL 331	55		Change	Addition	
NAME			NAME						_	
STREET ADDRESS			STREET ADDRESS	İ						
City-St-ZIP			CITY-ST-ZIP	ļ						
TITLE		☐ Delete	TITLE			T		Change	Addition	
NAME			NAME	١.			_	- 3-		
STREET ADDRESS	1		STREET ADDRESS	j						
CITY-ST-ZIP			CITY-ST-ZIP							
	L certify that the information supplied with	this filing does not qualify to		ontained	Lin Chanter 119	Florida Statutes 1	luther certify t	hat the in	formation	
indicated	certify that the information supplied with on this report or supplemental report is	s true and accurate and that n	ny signature shall h	ave the	same legal effect	as it made under o	ath; that I am a	n officer	or director	