2005 FOR PROFIT CORPORATION

Mar 09, 2005 08:00 AM **ANNUAL REPORT** -**Secretary of State** DOCUMENT # P99000046251 1. Entity Name BEST EXPORT, INC. Principal Place of Business Mailing Address ATTN: JACK GOLDBERG ATTN: JACK COLDBERG 10194 HARBORTOWN COURT 10194 HARBORTOWN COURT BOCA RATON, FL 33498 BOCA RATON, FL 33498 03012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0951758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEINBERG, RICHARD L DO NOT WRITE 767 ARTHUR GODFREY ROAD MIAMO BEACH, FL 33140-3413 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 the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DE GREGORY, DWIGHT STREET ADDRESS 10194 HARBORTOWN COURT BOCA RATON, FL 33498 CITY - ST - ZIP STD TITLE ~U00000256512 GOLDBERG, JACK NAME 03/03/05-80018-005 150.00 10194 HARBORTOWN COURT STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 supplier enter the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivering fustee 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.

other like empowered.

ER OR DIRECTOR

UDate

Davtime Phone #

SIGNATURE:

MATURE AND TYPED OR P

FILED