


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000058212  
 1. Entity Name  
 BEST ACCOUNTANT SERVICE, INC.



Principal Place of Business 6603 SW 152ND COURT MIAMI, FL 33193	Mailing Address 6603 SW 152ND COURT MIAMI, FL 33193
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04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0934595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SANTAMARINA, AMANDA M  
 6603 SW 152ND COURT  
 MIAMI, FL 33193

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTAMARINA, AMANDA 6603 SW 152ND CT. MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALACIOS, FREDDY 3660 SW 13TH ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELGADILLO, GUSTAVO 10840 SW 3RD ST. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000107095  
 04/09/04-80001-012 150.00

**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Freddy Palacios 4/6/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #