

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000093955

**Entity Name:** BEST STUDIO INN CORPORATION

**Current Principal Place of Business:**

6107 NW 72 AVENUE  
MIAMI, FL 33166

**Current Mailing Address:**

BEST STUDIO INN CORPORATION  
P.O. BOX 14-1495  
CORAL GABLES, FL 33114

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FIGUERAS, JUAN ESQ  
7700 NORTH KENDALL DRIVE  
SUITE 702  
MIAMI, FL 33156 US

*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

**Officer/Director Detail :**

Title P  
Name BERNSTEIN, S  
Address P.O. BOX 14-1495  
City-State-Zip: CORAL GABLES FL 33114

Title VP  
Name BATISTA, C  
Address P.O.BOX 14-1495  
City-State-Zip: CORAL GABLES FL 33114

*I hereby 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 all other like empowered.*

**SIGNATURE:** BERNSTEIN , S

P

03/06/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date