2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 261183

City-St-Zip:

CORAL SPRINGS, FL 33071

Entity Name: BEST REAL ESTATE, INC.

FILED Mar 23, 2009 Secretary of State

,		,			
Current P	rincipal Place	of Business:	New Principal Place of Business:		
3822 N. 41 HOLLYWO	IST AVE. DOD, FL 3302 ⁻	1			
Current Mailing Address:			New Mailing Address:		
P.O. BOX HOLLYWO	816939 DOD, FL 3308 [,]	1			
FEI Number	: 59-0976531	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
3822 N. 41	EDWARD J. IST AVENUE DOD, FL 3302 [,]	I US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () KAPLAN,EDWA 3822 N. 41 AVE HOLLYWOOD,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () KAPLAN, MARII 3822 N. 41 AVE HOLLYWOOD,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD () ELLENBOGEN, 2177 N.W. 107	•	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: EDWARD J. KAPLAN PRES 03/23/2009