

FIT CORPORATION JAL REPORT

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 332346

BEST WISHES INC

1855
5832 STIRLING RD.
HOLLYWOOD, FL 33021

Mailing Address
5832 STIRLING RD.
HOLLYWOOD, FL 33021



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1227462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOBLE, JOSEPHINE S
4200 HULCREST DRIVE BLVD 24
HOLLYWOOD, FL 33021

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	NOBLE, JOSEPHINE S
STREET ADDRESS	5832 STIRLING RD.
CITY-ST-ZIP	HOLLYWOOD, FL 330218527
TITLE	PD
NAME	NOBLE, ROBERT G
STREET ADDRESS	5832 STIRLING RD.
CITY-ST-ZIP	HOLLYWOOD, FL 330218527
TITLE	S
NAME	NOBLE, MORRIS S
STREET ADDRESS	5832 STIRLING RD.
CITY-ST-ZIP	HOLLYWOOD, FL 330218527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80033-001 150.00

**DO NOT WRITE
IN THIS SPACE**

850 245 6001

Rathy

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Josephine S. Noble, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06 954-981-7500
Date Daytime Phone