

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

|                                                                         |                                                             |                                                                                   |
|-------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 385869</b>                                                |                                                             |  |
| 1. Entity Name<br>BEST LINE OIL CO., INC.                               |                                                             |                                                                                   |
| Principal Place of Business<br>219 NORTH 20TH STREET<br>TAMPA, FL 33605 | Mailing Address<br>219 NORTH 20TH STREET<br>TAMPA, FL 33605 |                                                                                   |



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-1361493                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|                                                             |                                   |
|-------------------------------------------------------------|-----------------------------------|
| 6. Name and Address of Current Registered Agent             |                                   |
| GARCIA, ALFONSO<br>219 NORTH 20TH STREET<br>TAMPA, FL 33605 | <b>DO NOT WRITE IN THIS SPACE</b> |

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: *ALFONSO GARCIA* AL GARCIA DATE: 4/22/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|                                                                                     |                                                                                                              |                                           |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000918560<br>05/13/08-80086-021 150.00 |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GARCIA, ALFONSO<br>219 NORTH 20TH STREET<br>TAMPA, FL 33605     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>GARCIA, ALFONSO III<br>219 NORTH 20TH STREET<br>TAMPA, FL 33605 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |

**DO NOT WRITE IN THIS SPACE**

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: *ALFONSO GARCIA* 4/22/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #