2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 02, 2005 08:00 AM Secretary of State **DOCUMENT # F37576** BEST CRATING AND PACKING, INC. Mailing Address Principal Place of Business 3240 SW 95TH COURT 7752 NW 64 ST MIAML FL 33166 MIAMI, FL 33165 US ... 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2112609 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **EFRAIN VILLA** DO NOT WRITE 3240 SW 95 CT MIAMI, FL 33165 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. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550,00 OFFICERS AND DIRECTORS U00000284905 04/02/05-80024-012 150.00 10. VDS TITLE VILLA, EFRAIN NAME STREET ADDRESS 3240 SW 95 CT CITY - ST - ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - \$T - ZIP IN THIS SPACE TITLE NAMS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 cath; 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #