

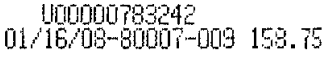



Jan 14
Sec

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H70931 1. Entity Name MIAMI'S BEST AUTO SALES, INC.		
Principal Place of Business 10336 SW 187 ST BAY 6 MIAMI, FL 33157 US		Mailing Address 17300 SW 90TH AVE C/O RALPH THIELE MIAMI, FL 33157 US
DO NOT WRITE IN THIS SPACE		
		01042008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2574634
		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
THIELE, RALPH W 17300 S.W. 90 AVE MIAMI, FL 33157		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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THIELE, RALPH W. 17300 SW 90TH AVE MIAMI, FL 33157	 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THIELE, CAROLYN 17300 SW 90TH AVE MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THIELE, WILLIAM A 9100 S.W. 174TH STREET MIAMI, FL 33157	
TITLE NAME 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 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:  RALPH W. THIELE		01-11-08 305-253-9291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #