

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # J19596 1. Entity Name BEST UPHOLSTERY, INC.	
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Principal Place of Business 1165 S.W. 1ST WAY DEERFIELD BEACH, FL 33441	Mailing Address 1165 S.W. 1ST WAY DEERFIELD BEACH, FL 33441
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2698273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEEV, MOSHE
1165 S.W. 1ST WAY
DEERFIELD BEACH, FL 33441

**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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZEEV, MOSHE 1165 S.W. 1ST WAY DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000839517
03/06/08-80012-007 150.00

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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:  MOSHE ZEEV 2-22-08 954-426-2177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #