2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # K43759

BEST BUSINESS & TAX, INC.



FILED May 05, 2005 08:00 AM Secretary of State

Principal Place of Business

1282 N.E. 163 ST. NO. MIAMI BEACH, FL 33162

Mailing Address

1282 N.E. 163 ST. NO. MIAMI BEACH, FL 33162



05022005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0081584 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

RAUF, MICHAEL A 1282 N.E. 163 ST. NORTH MIAMI BEACH, FL 33162

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			İ		
	named entity submits this statement for the lons of registered agent.	e purpose of changing its regis	stered office or r	egistered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent and title if applicable)				required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campaign F Trust Fund Contribut	• –	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DI	RECTORS .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAUF, MICHAEL A 1282 N.E. 163 ST NO. MIAMI BCH, FL 33162				000000363303 05/05/05-80152-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S7-ZIP				IN	THIS SPACE
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.					

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR