

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

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FILED

11 JUN -1 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K43759

1. Entity Name

Best Business & Tax, Inc



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2. Principal Place of Business - No P.O. Box #

1282 NE 163rd St.

Suite, Apt. #, etc.

3. Mailing Address

1282 NE 163rd St.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

N. Miami Beach, FL

City & State

N. Miami Bch, FL

4. FEI Number

650081584

Applied For

Not Applicable

Zip

33162

Country

Zip

33162

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael A. Rauf

Street Address (P.O. Box Number is Not Acceptable)

1282 NE 163rd St.

City

N. Miami Beach

FL

Zip Code

33162

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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 s, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

besttax1040@yahoo.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

PD  
Michael A. Rauf  
1282 NE 163rd St.  
N. Miami Bch, FL - 33162

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

VP  
JOVAN A. RAUF  
1282 NE 163rd St.  
N. Miami Bch, FL - 33162

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY- ST- ZIP

100207203961  
05/04/11 01036-017 \*\*150.00

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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 on an attachment with an address, with all other like empowered, I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Michael Rauf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/19/11

786-991-4725