

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K58930

**FILED**  
**Feb 19, 2009**  
**Secretary of State**

**Entity Name:** BEST DEAL FURNITURE & APPLIANCES, INC.

**Current Principal Place of Business:**

2779 N.W. 198 TERRACE  
OPA LOCKA, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

2779 N.W. 198 TERRACE  
OPA LOCKA, FL 33056

**New Mailing Address:**

**FEI Number:** 65-0098098      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DACRES, SAMUEL  
2779 N.W. 198 TERRACE  
OPA LOCKA, FL 33056      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DACRES, SAMUEL  
Address: 2779 N.W. 198 TERRACE  
City-St-Zip: OPA LOCKA, FL 33056

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO      ( ) Change (X) Addition  
Name: WINSTON, BROWN  
Address: 4660 LAWRENCEVILLE RD  
City-St-Zip: LOGANVILLE, GA 30052

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM DACRES

PD

02/19/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date