

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 13, 2011
Secretary of State**

DOCUMENT# K58930

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

OFFICERS AND DIRECTORS:

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

Title: CEO
Name: BROWN, WINSTON
Address: 2779 N.W. 198 TERRACE
City-St-Zip: OPA LOCKA, FL 33056

Title: SECT
Name: JOHNSON, SUZETTE
Address: 2779 N.W. 198 TERRACE
City-St-Zip: OPA LOCKA, FL 33056

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

I hereby 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 all other like empowered.

SIGNATURE: SAM DACRES

CFO

12/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date