

**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