2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 08:00 A Secretary of State DOCUMENT # K84087 1. Entity Name BESTER MANAGEMENT, INC. Mailing Address Principal Place of Business 523 MICHIGAN AVE. 523 MICHIGAN AVE. MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 03122008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number .65-0.116320_.. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE FRYD, JONATHAN **523 MICHIGAN AVE** MIAMI BEACH, FL 33139 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 000000860798 04/02x03-80078-006 150.00 DONOTWRITE OFFICERS AND DIRECTORS 10. TITLE FRYD, JONATHAN NAME STREET ADDRESS 523 MICHIGAN AVE MIAMI BEACH, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP IN THIS SPACE TITLE ed in Chapter 119 Florida Statutes. L'urther certify that the informatic NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: .

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRI FICER OR DIRECTOR

FILED