

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # M61688</b>		
1. Entity Name <b>BEST SERVICE REALTY, INC.</b>		

**FILED  
Mar 17, 2006 8:00 am  
Secretary of State**

03-17-2006 90118 045 \*\*\*150.00

Principal Place of Business 2699 COLLINS AVE 132 MIAMI BEACH, FL 33140	Mailing Address 6061 COLLINS AVE 10D MIAMI BEACH, FL 33140		
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State City & State	City & State		
Zip	Country		
6. Name and Address of Current Registered Agent  <b>TRAVIESO, ENRIQUE JR. 6061 COLLINS AVE 10D MIAMI BEACH, FL 33140</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	

02022006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0009607</b>	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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.

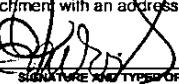
(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV TRAVIESO, ENRIQUE 6061 COLLINS AVE, #10D MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRAVIESO, ENRIQUE, JR. 13764 NW 15 ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06 305 867-0587  
Date Daytime Phone #

ENRIQUE TRAVIESO