


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000001126

1. Entity Name
BEST AUDIO, INC.



Principal Place of Business
**13716 NE 11TH AVENUE
 NORTH MIAMI, FL 33161**

Mailing Address
**574 MW 158TH LANE
 PEMBROKE PINES, FL 33028**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State


City & State

Zip

Country

Zip

Country



03122004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0982429

Applied Fee
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NOFIL, JOSEPH R P.A.
 3284 NORTH STATE ROAD 7
 LAUDERDALE LAKES, FL 33319**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 signing report of which reinstating. DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD DARUCAUD, MAX	574 MW 158TH LANE	PEMBROKE PINES, FL 33028	<input type="checkbox"/>
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

1100000123932
 04/22/04-90012-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerd.

SIGNATURE: *Max Darucaud* **4-20-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE District Phone #