

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90048 039 ***150.00

DOCUMENT # P00000028124

1. Entity Name

BEST INTER PRICES CORPORATION



Principal Place of Business

**8407 NW 70TH STREET
MIAMI FL 33166**

Mailing Address

**8407 NW 70TH STREET
MIAMI FL 33166**

2. Principal Place of Business

4005 NW 114 AV

3. Mailing Address

4005 NW 114 AV

Suite, Apt. #, etc.

Bay # 17

Suite, Apt. #, etc.

Bay # 17

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33148

Country

U.S.A.

Zip

33178

Country

U.S.A.



MOORE

CR2E034 (11/03)

4. FEI Number

65-0995415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**LIZARRAGA, AUGUSTO
8407 NW 70TH STREET
MIAMI FL 33166**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PVST
LIZARRAGA, AUGUSTO
8407 NW 70TH STREET
MIAMI FL 33166**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03.05.2004 305.546.2519.