



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90030 043 ***150.00

DOCUMENT # P00000042515																																					
1. Entity Name BEST CHOICE CONSULTING, INC																																					
Principal Place of Business 13747 SW 31 TERR MIAMI, FL 33175 US			Mailing Address 13747 SW 31 TERR MIAMI, FL 33175 US																																		
2. Principal Place of Business		3. Mailing Address		 04062005 Chg-P CR2E034 (10/03)																																	
Suite, Apt. # etc.		Suite, Apt. #, etc.																																			
City & State		City & State																																			
Zip	Country	Zip	Country																																		
4. FEI Number 65-1003290				Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HERNANDEZ, ODALYS 13747 S.W. 31 TERRACE MIAMI, FL 33175																																	
7. Name and Address of New Registered Agent Name: <u>Jorge L. Hernandez</u> Street Address (P.O. Box Number is Not Acceptable): <u>13747 S.W. 31 TERRACE</u> City: <u>MIAMI</u> <u>FL</u> Zip Code: <u>33175</u>																																					
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: <u>[Signature]</u> DATE: <u>4/6/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:50%;">HERNANDEZ, ODALYS</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>13747 S.W. 31 TERRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>MIAMI, FL 33175</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	P			HERNANDEZ, ODALYS	<input checked="" type="checkbox"/> Delete	NAME		13747 S.W. 31 TERRACE		STREET ADDRESS		MIAMI, FL 33175		CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">VP</td> <td style="width:50%;">HERNANDEZ, JORGE LUIS</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>13747 S.W. 31 TERRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>MIAMI, FL 33175</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	VP	HERNANDEZ, JORGE LUIS	<input checked="" type="checkbox"/> Delete	NAME		13747 S.W. 31 TERRACE		STREET ADDRESS		MIAMI, FL 33175		CITY-ST-ZIP			
TITLE	P	HERNANDEZ, ODALYS	<input checked="" type="checkbox"/> Delete																																		
NAME		13747 S.W. 31 TERRACE																																			
STREET ADDRESS		MIAMI, FL 33175																																			
CITY-ST-ZIP																																					
TITLE	VP	HERNANDEZ, JORGE LUIS	<input checked="" type="checkbox"/> Delete																																		
NAME		13747 S.W. 31 TERRACE																																			
STREET ADDRESS		MIAMI, FL 33175																																			
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:50%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:50%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition PKP HERNANDEZ Jorge Luis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13747 S.W. 31 TERRACE MIAMI Florida 33175	
TITLE			<input type="checkbox"/> Delete																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE			<input type="checkbox"/> Delete																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:50%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:50%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE			<input type="checkbox"/> Delete																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:50%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:50%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE			<input type="checkbox"/> Delete																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:50%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:50%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP				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: <u>[Signature]</u> Date: <u>4/6/05</u> Daytime Phone #: <u>(305) 226-3443</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
TITLE			<input type="checkbox"/> Delete																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE			<input type="checkbox"/> Delete																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					