2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000066617

1. Entity Name

M & S BEST TROPICAL RESTAURANT, INC.

Principal Place of Business	Mailing Address
3754 N ANDRES AVE	3754 N ANDRES AVE
FORT LAUDERDALE, FL 33309	FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

01192004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1023399	Not Applicable

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

6. Name and Address of Current Registered Agent

SAINTIL, MOISE
1049 IROQUOIS AVENUE
FORT LAUDERDALE, FL 33312

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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

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

10.   OFFICERS AND DIRECTORS

TITLE	VP
NAME	SAINTIL, SOLANGE
STREET ADDRESS	1049 IROQUOIS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

TITLE	P
NAME	SAINTIL, MOISE
STREET ADDRESS	1049 IROWLIORS AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/27/04-80017-015 150.00

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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: _Moise Saintil_   1-19-04   954 565-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #