2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066617

Entity Name: M & S BEST TROPICAL RESTAURANT, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
--	--------------------------------------	---------------------------------

3754 N ANDRES AVE

FORT LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

3754 N ANDRES AVE

FORT LAUDERDALE, FL 33309

FEI Number: 65-1023399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAINTIL, MOISE SAINTIL, MOISE 5348 NW 119 TERR 1049 IRÓQUOIS AVENUE

FORT LAUDERDALE, FL 33312 CORAL SPRINGS, FL 33076 US US

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.

SIGNATURE: MOISE SAINTIL 04/30/2009

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SAINTIL, SOLANGE SAINTIL, SOLANGE Name: Name: 1049 IROQUOIS AVENUE 5348 NW 119 TERR Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: CORAL SPRINGS, FL 33076

Title: Title: (X) Change () Addition () Delete

Name: SAINTIL. MOISE Name: SAINTIL. MOISE 1049 IROWLIORS AVE Address: 5348 NW 119 TERR Address: FORT LAUDERDALE, FL 33312 CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MOISE SAINTIL 04/30/2009