


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-09-2004 90031 009 ***150.00

DOCUMENT # P00000078227 1. Entity Name BEST MOVERS, INC.					
Principal Place of Business 1761 N.W. 21ST TERRACE MIAMI, FL 33142			Mailing Address 1761 N.W. 21ST TERRACE MIAMI, FL 33142		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2030 SW 100 AVE Suite, Apt. #, etc.			
City & State		City & State Miami, FL		4. FEI Number 65-0666689	
Zip 33165		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, HEIDI M EDQ 2644 PONCE DE LEON BLVD CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Roth Heidi M EDQ Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Rd, S/501 City Coral Gables FL Zip Code 33134	
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 _____ (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. <input type="checkbox"/> \$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	D DIAZ, JOSE 1761 N.W. 21ST TERRACE MIAMI, FL 33142		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Jose Diaz</i></u> ISS Diaz			Date: <u>4/6/04</u> Daytime Phone #: <u>305-552-7072</u>		

94048301



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