

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90010 004 ***150.00

DOCUMENT # P01000014695

1. Entity Name
BEST WHOLESALE OFFICE PRODUCTS CORP.



Principal Place of Business
**HIALEAH GARDEN
7825 N.W. 99 ST
HIALEAH GARDENS, FL 33016**

Mailing Address
**7825 NW 99 ST
HIALEAH GARDEN, FL 33016**

20046451



05222006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1079191

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TERZADO, JOSE
7825 N.W 99 ST
HIALEAH GARDENS, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERZADO, JOSE 7825 N.W 99 ST HIALEAH GARDENS, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP TERZADO, GISELL 7825 N.W 99 ST HIALEAH GARDENS, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

572-8006

Date Daytime Phone #



7825 NW 99 Street
Hialeah Gardens, FL 33016
Ph# 305-822-3587 • Fax# 305-827-2454
Visit us online: www.Bestwop.com

ATTACHMENT

2004649
#PO1000014695

To: Florida Dept. of State 5-22-2006

From: Jose Tenzler

Please, I would like for you to reconsider why I am filing late.

I did not receive a renewal notice from your Department.

That is the reason that I am paying now.

I had completely forgot about this. Luckily my accountant reminded me.

Please reconsider my use so I don't have to pay so much.

I really didn't receive your renewal notice and I forgot to pay in time.

Thank you for advanced consideration

José Tenzler
President