

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90358 044 \*\*\*150.00

**DOCUMENT # P01000032789**

1. Entity Name  
**BEST IDEA, INC.**



Principal Place of Business  
**BEST IDEA, INC  
P.O. BOX 471  
BOCA RATON, FL 33429**

Mailing Address  
**PO BOX 471  
BOCA RATON, FL 33429**

40050281



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1085852**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RETAMAR LAW FIRM PA  
823 E. HILLSBORO BLVD.  
PO BOX 973  
DEERFIELD BEACH, FL 33441**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **BARON, LORI**  
STREET ADDRESS **19512 PRESERVE DR**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☒ Change ☐ Addition  
NAME **Lori Baron**  
STREET ADDRESS **19512 Preserve Drive**  
CITY-ST-ZIP **Boca Raton, FL 33498**

TITLE **TD** ☐ Delete  
NAME **HERKENRATH, KERRI**  
STREET ADDRESS **180 NE WAVE CREST WAY**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☒ Addition  
NAME **Carol Rauscher**  
STREET ADDRESS **2510 Falcon Drive**  
CITY-ST-ZIP **Longmont, CO 80503**

TITLE **VPD** ☐ Delete  
NAME **WRIGHT, WENDY**  
STREET ADDRESS **1325 SW CITRUS ISLE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE ☐ Change ☒ Addition  
NAME **Audrey Baron**  
STREET ADDRESS **4402 Martinique Ct., Apt F-1**  
CITY-ST-ZIP **Coconut Creek, FL 33066**

TITLE **S** ☐ Delete  
NAME **RETAMAR, SUSAN**  
STREET ADDRESS **345 NE OLIVE WAY**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☒ Addition  
NAME **Debra Thompson**  
STREET ADDRESS **60 East 14 Street**  
CITY-ST-ZIP **Hialeah, FL 33010**

TITLE **D** ☐ Delete  
NAME **BLOOM, LINDA**  
STREET ADDRESS **11 CROYDON COURT**  
CITY-ST-ZIP **DIX HILLS, NY 11746**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FRANCIS, SUSAN**  
STREET ADDRESS **7549 DOWNSWINDS LANE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

*Susan Retamar* 4-10-06 561-362-5552