


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000055463  
 1. Entity Name  
 THE MICHAEL BETTER COMPANY



Principal Place of Business      Mailing Address  
 12522 SW 88 ST.                      12522 SW 88 ST.  
 MIAMI, FL 33186                      MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**



04142006    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-1110719	Applied For Not Applicable
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5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BETTER, MIGUEL A  
 12522 SW 88 ST.  
 MIAMI, FL 33186

**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)

**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

U0000051 P351  
 05/01/06-80043-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BETTER, MIGUEL A 12522 SW 88TH ST. MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Miguel A Better      Miguel Better      4/14/06 305-485-9192  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #