
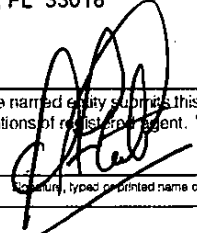
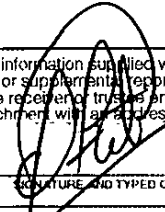


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90026 010 ***150.00

DOCUMENT # P01000060818 1. Entity Name BEST MEDICAL INSTITUTE INC.																							
Principal Place of Business 3007 NW 7TH STREET MIAMI, FL 33125		Mailing Address 3007 NW 7TH STREET MIAMI, FL 33125																					
2. Principal Place of Business 801 N.W 37th Ave Suite, Apt. #, etc. 208 City & State Miami FL 33125		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country																					
4. FEI Number 65-1113571		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03242005 Chg-P CR2E034 (10/03)																					
6. Name and Address of Current Registered Agent FLEITES, ORELVIZ 8854 NW 175TH STREET HIALEAH, FL 33018		7. Name and Address of New Registered Agent Name Orelviz Fleites Street Address (P.O. Box Number is Not Acceptable) 8854 N.W 176th St. City Miami Lakes FL Zip Code 33018																					
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  DATE 3/28/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>DRA</td> <td>FLEITAS, ORELVIZ</td> <td>7755 WEST 30 CT APT 204 HIALEAH, FL 33018</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		DRA	FLEITAS, ORELVIZ	7755 WEST 30 CT APT 204 HIALEAH, FL 33018	<input checked="" type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change Addition</td> </tr> <tr> <td></td> <td>President</td> <td>Orelviz Fleites</td> <td>8854 N.W 176th St Miami Lakes FL 33018</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition		President	Orelviz Fleites	8854 N.W 176th St Miami Lakes FL 33018	<input type="checkbox"/> <input type="checkbox"/>
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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: 		Date 3/28/05 Phone 305-649-1977																					