

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060849

FILED  
Feb 26, 2006  
Secretary of State

Entity Name: BEST AUTOMOTIVE REPAIR, INC.

## Current Principal Place of Business:

3625 PEMBROKE RD  
UNIT C-9  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

330 U.S. HIGHWAY 27 NORTH  
#8  
SEBRING, FL 33870

## Current Mailing Address:

3625 PEMBROKE RD  
UNIT C-9  
HOLLYWOOD, FL 33021

## New Mailing Address:

330 U.S. HIGHWAY 27 NORTH  
#8  
SEBRING, FL 33870

FEI Number: 65-1114210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSHINSKY, LEONARD ESQ.  
350 EAST LAS OLAS BLVD.  
SUITE 970  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BEST, D. STUART  
Address: 3917 SHERIDAN ST.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: BEST, JOYCE  
Address: 3917 SHERIDAN ST.  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BEST, D. STUART  
Address: 1603 OVERLOOK PLACE  
City-St-Zip: SEBRING, FL 33870

Title: D (X) Change ( ) Addition  
Name: BEST, JOYCE  
Address: 1603 OVERLOOK PLACE  
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE BEST

D

02/26/2006

Electronic Signature of Signing Officer or Director

Date