

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107523

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: BEST INTERIOR CONSTRUCTION, INC.

## Current Principal Place of Business:

5757 BLUE LAGOON DRIVE  
SUITE 220  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

5757 BLUE LAGOON DRIVE  
SUITE 220  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 65-1151781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LICKSTEIN, FRED K  
100 SE 2ND STREET 17TH FLOOR  
MAIMI, FL 33131 US

## Name and Address of New Registered Agent:

LICKSTEIN, FRED K  
100 SE 2ND STREET 17TH FLOOR  
MIAMI, FL 33131 US

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:

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GHOSN, ANTOINE  
Address: 5757 BLUE LAGOON DRIVE #220  
City-St-Zip: MIAMI, FL 33126

Title: ST ( ) Delete  
Name: GHOSN, MAHA  
Address: 5757 BLUE LAGOON DRIVE #220  
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete  
Name: KLOMAN, PAUL  
Address: 3174 LAKESHORE DR.  
City-St-Zip: DEERFIELD BEACH, FL 33442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MAHA GHOSN

ST

01/14/2009

Electronic Signature of Signing Officer or Director

Date