


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90026 044 ***150.00

DOCUMENT # P02000058227 1. Entity Name BEST BUILDERS OF MIAMI CORP.			
Principal Place of Business 6451 SW 2ND STREET MIAMI FL 33144		Mailing Address 6451 SW 2ND STREET MIAMI FL 33144	
2. Principal Place of Business 8139 S.W. 208 TER.		3. Mailing Address 8139 S.W. 208 TER	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33189		Zip 33189	
Country USA		Country USA	
4. FEI Number 48-1260298		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ECHAVARRIA, JOSE J 6451 SW 2 STREET MIAMI FL 33144		7. Name and Address of New Registered Agent Name JOSE J. ECHAVARRIA Street Address (P.O. Box Number is Not Acceptable) 8139 S.W. 208 TER City MIAMI FL Zip Code 33189	
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 <u>JOSE J. ECHAVARRIA</u> DATE 2-8-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHAVARRIA, JOSE 6451 SW 2ND ST MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHAVARRIA, JOSE 8139 S.W. 208 TER MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMALLO, R. JOSE 12850 SW 14 ST MIAMI, FL 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAIDES, ALIBECH 8139 S.W. 208 TER MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ECHAVARRIA, JUSTIN B 6451 SW 2ND ST MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>JOSE J. ECHAVARRIA</u>		2-8-05 (86) 326-2380	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	