


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000071523	
1. Entity Name THE BEST OPERATORS, INC.	

Principal Place of Business 25760 RUSTIC LANE WESTLAKE, OH 44145	Mailing Address 25760 RUSTIC LANE WESTLAKE, OH 44145
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**DO NOT WRITE IN THIS SPACE**

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3701275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

KHOURI, SAMIR  
5715 14TH STREET WEST  
BRADENTON, FL 34207

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000157482 05/06/04-80028-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHOURI, SAMIR 5715 14TH STREET WEST BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOIKZAM, FRED A 4803 ELIZABETH LANE BROOKLYN, OH 44144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASHTAWY, ABED A 475 TIMBERCREEK ROAD REYNOLDSBURG, OH 43068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: *Samir Khouri* 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #