2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000073680

1. Entity Name
BEST LINEN SERVICES, INC.

Principal Place of Business	Mailing Address
19591 NE 10TH AVE N MIAMI, FL 33179	19591 NE 10TH AVE N MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE

04212006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-0320488		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STAUB, WERNER
3595-D NE 207TH STREET
AVENTURA, FL FL331-80

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000558248
05/17/06-80087-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	WERNER, STAUB
STREET ADDRESS	3595-D NE 207TH STREET
CITY-ST-ZIP	AVENTURA, FL 33180
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #