FOR PROFIT CORPORATION UNIFORM SUSINESS REPORT (UBR) 2002 DOCUMENT # 0B OCT 13 PH12:49 1. Entity Name The Best-Three Inc SECRETARY OF STATE ALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE REINSTATEMENT Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE (PO. Box Number is Not Acceptable) Street Address 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. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 km and 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1; Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be Tax filing requirement and elects to do so. ** Trust Fund Contribution. Added to Fees (See criteria on back)-----Make Check Payable to Department of State OFFICERS AND DIRECTORS 11, Secretonu manano Alvarez TITLE President TITLE NAME Miauel Soto NAME Rd. STREET ADDRESS 7015 MILLS STREET ADDRESS JOGS MILLIS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ***800023767158 NAME : NAME **150.00 **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HTLE TITLE NAME MAINE STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP City - ST - ZIP 心脏草花瓣 TITLE IN THIS SPACE TOTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THELE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Tiller NAME NAME

13. 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 11 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS Cite Stazip

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Daylime Phone #

THE BEST THREE, INC.

7015 Mills Road Winter Park, Fl 32792

October 9, 2003

To whom it may concern,

- I never received a bill from the Department of State. I have enclosed \$150,00, along with a (UBR) form. If there are any penalties, I request that they be waived.

Thank you for your cooperation in this matter. I apologize for any inconvenience.

Sincerely,

Miguel Soto, President