## ~2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 04, 2005 08:00 AM DOCUMENT # P03000000718 **Secretary of State** 1. Entity Name BEST WESTERN CONSTRUCTION, INC. Principal Place of Business Mailing Address 291 FICUS TREE DR 291 FICUS TREE DR LANTANA, FL 33462 LANTANA, FL 33462 No Chg-P CR2E034 (10/03) 03012005 DO NOT WRITE IN THIS SPACE 4. FEI Number 37-1453009 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VALLE, FEDERICO DO NOT WRITE 291 FICUS TREE DR LANTANA, FL 33462 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PVPS** ппс VALLE, FEDERICO NAME 291 FICUS TREE DR STREET ADDRESS U00000251464 CITY-ST-ZP LANTANA, FL 33462 .03/04/05-80051-021 15n.nn TITLE TD NAME VALLE, FEDERICO 291 FICUS TREE DR STREET ADDRESS CITY-ST-ZIP LANTANA, FL 33462 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7P IN THIS SPACE TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

SIGNAT	URE:
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STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP

I Lucy Valle

FEDERICO VALLE, PRESIDENT

03/01/2005

(561) 248-5624

**FILED** 

Date

Daytime Phone #