## 2005 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT May 02, 2005 08:00 AM Secretary of State DOCUMENT # P03000003470 1. Entity Name BEST CAPITAL RESOURCES, INC. Principal Place of Business Mailing Address 2767 RIVER RIDGE DR 2767 RIVER RIDGE DR ORLANDO, FL 32825 ORLANDO, FL 32825 04292005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1693652 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZAPATA, FELIX A DO NOT WRITE 2767 RIVER RIDGE DR ORLANDO, FL 32825 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 rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ZAPATA, FELIX A NAME STREET ADDRESS 2767 RIVER RIDGE DR CITY-ST-ZIP ORLANDO, FL 32825 TITLE U00000352093 NAME 05/03/05-80013-018 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 cath; 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

407-207-5888