2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# P03000042057

Entity Name: BEST SERVICE PROVIDER, INC.

Current Principal Place of Business:

15780 SW 106 TERRA
203
MIAMI, FL 33196

New Principal Place of Business:

7565 SW 152 AVE.
F-412
MIAMI, FL 33193

Current Mailing Address:

15780 SW 106 TERRA
203
MIAMI, FL 33196

New Mailing Address:

7565 SW 152 AVE
F-412
MIAMI, FL 33193

FEI Number: 51-0468109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CABRITA, JOSE G
15780 SW 106 TERRA
203
MIAMI, FL 33196

Name and Address of New Registered Agent:

CABRITA, JOSE G
7565 SW 152 AVE
F-412
MIAMI, FL 33193

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.

SIGNATURE: CABRITA JOSE 04/20/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROJAS, SONIA C
Address: 15780 SW 106 TERRA
City-St-Zip: MIAMI, FL 33196

Title: V ( ) Delete
Name: CABRITA, ANTONIO E
Address: 15780 SW 106 TERRA
City-St-Zip: MIAMI, FL 33196

Title: CEO ( ) Delete
Name: CABRITA, JOSE G
Address: 15780 SW 106 TERRA
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA C ROJAS P 04/20/2004
Electronic Signature of Signing Officer or Director Date