2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State
05-03-2004 91056 014 ***150.00

DOCUMENT # P03000100820

1. Entity Name
FLORIDA BEST SUPPLIERS CORP.

Principal Place of Business	Mailing Address
1173 NW 11 ST RD MIAMI FL 33136	1173 NW 11 ST RD MIAMI FL 33136

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
1173 N.W 11 St. Rd	1173 N.W. 11 St Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL 33136	City & State: Miami, FL
Zip: 33136 Country:	Zip: 33136 Country:

4. FEI Number: 65-1204596 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGUIRRE, CHRISTIAN 1173 NW 11 ST RD MIAMI FL 33136	Name: Christian AGuirre Street Address (P.O. Box Number is Not Acceptable): 4691 N.W. 9 St. A105 City: Miami FL Zip Code: 33126

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AGUIRRE, CHRISTIAN 1173 NW 11 ST RD MIAMI FL 33136 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christian Aguirre 4-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #