


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-19-2004 90059 017 ***150.00

DOCUMENT # P03000100840 1. Entity Name BEST INTERNATIONAL ENTERPRISES, INC.					
Principal Place of Business 4327 S HWY 27, STE 256 CLERMONT, FL 34711			Mailing Address 4327 S HWY 27, STE 256 CLERMONT, FL 34711		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 68-0570537	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEST, BRIAN 9927 PINE ISLAND RD CLERMONT, FL 34711				Name Best, Brian 9927 Pine Island Rd Clermont, FL 34711	
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.				Street Address (P.O. Box Number is Not Acceptable)	
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	BEST, BRIAN		NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	4327 S HWY 27, STE 256		STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	D		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	BEST, KIMBERLEE		NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	4327 S HWY 27, STE 256		STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	Delete <input type="checkbox"/>		NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	Delete <input type="checkbox"/>		STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	Delete <input type="checkbox"/>		NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	Delete <input type="checkbox"/>		STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>Brian Best</i>			3/7/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

66410590



02252004 Chg-P CR2E034(10/03)

4. FEI Number
68-0570537

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

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

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

10. OFFICERS AND DIRECTORS

TITLE	D	Delete <input type="checkbox"/>
NAME	BEST, BRIAN	
STREET ADDRESS	4327 S HWY 27, STE 256	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	Delete <input type="checkbox"/>
NAME	BEST, KIMBERLEE	
STREET ADDRESS	4327 S HWY 27, STE 256	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		Delete <input type="checkbox"/>
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
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SIGNATURE: *Brian Best* 3/7/04 352-409-5212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #