

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000026387

FILED
May 18, 2006
Secretary of State

Entity Name: BEST SELLERS PUBLISHERS, INC.

Current Principal Place of Business:

6883 SW 194TH AVE
PEMBROKE PINES, FL 33332

New Principal Place of Business:

8025 NW 36 ST
STE 302
DORAL, FL 33166

Current Mailing Address:

6883 SW 194TH AVE
PEMBROKE PINES, FL 33332

New Mailing Address:

8025 NW 36 ST
STE 302
DORAL, FL 33166

FEI Number: 20-4893739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA LAW OFFICES, P.A.
10691 SW 88TH ST.
SUITE 201
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

CORDERO CPA
8025 NW 36 ST
SUITE 302
DORAL, FL 33166 US

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: ALFONSO CORDERO

05/18/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTIZ, EDWIN L
Address: 6883 SW 194TH AVE
City-St-Zip: PEMBROKE PINES, FL 33332

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ORTIZ, EDWIN L
Address: 1180 SW 8 ST STE 504
City-St-Zip: MIAMI, FL 33184

Title: V () Change (X) Addition
Name: ARROLLO, MARIA C
Address: 4824 SW 196 WAY
City-St-Zip: MIRAMAR, FL 33029

Title: T () Change (X) Addition
Name: ORTIZ, LEMUEL A
Address: 4824 SW 196 WAY
City-St-Zip: MIRAMAR, FL 33029

Title: S () Change (X) Addition
Name: ORTIZ, GAMALIEL
Address: 4824 SW 196 WAY
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EDWIN L ORITZ

P

05/18/2006

Electronic Signature of Signing Officer or Director

Date