
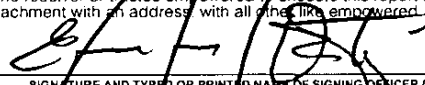


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90047 047 \*\*\*150.00

<b>DOCUMENT # P04000026387</b> 1. Entity Name <b>BEST SELLERS PUBLISHERS, INC.</b>			
Principal Place of Business 8025 NW 36 ST STE 302 DORAL, FL 33166		Mailing Address 8025 NW 36 ST STE 302 DORAL, FL 33166	
2. Principal Place of Business - No P.O. Box # <b>19620 Pines Blvd</b> Suite, Apt. #, etc. <b>Suite 220</b> City & State <b>Pembroke Pines FL</b> Zip <b>33029</b> Country <b>USA</b>		3. Mailing Address <b>P.O. Box 820814</b> Suite, Apt. #, etc. City & State <b>South Florida FL</b> Zip <b>33082</b> Country <b>USA</b>	
4. FEI Number <b>20-4893739</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORDERO CPA</b> <b>8025 NW 36 ST</b> <b>SUITE 302</b> <b>DORAL, FL 33166</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ORTIZ, EDWIN L STREET ADDRESS 1180 SW 8 ST STE 504 CITY-ST-ZIP MIAMI, FL 33184	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>19620 Pines Blvd #220</b> <b>Pembroke Pines FL 33029</b>	
TITLE V NAME ARROLLO, MARIA C STREET ADDRESS 4824 SW 196 WAY CITY-ST-ZIP MIRAMAR, FL 33029	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Arroyo, Maria del C.</b> <b>4824 SW 195th way</b> <b>Miramar FL 33029</b>	
TITLE T NAME ORTIZ, LEMUEL A STREET ADDRESS 4824 SW 196 WAY CITY-ST-ZIP MIRAMAR, FL 33029	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>4824 SW 195th way</b> <b>Miramar FL 33029</b>	
TITLE S NAME ORTIZ, GAMALIEL STREET ADDRESS 4824 SW 196 WAY CITY-ST-ZIP MIRAMAR, FL 33029	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>4824 SW 195th way</b> <b>Miramar FL 33029</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

60054504



07052007 Chg-P CR2E034 (12/06)