

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026387

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: BEST SELLERS PUBLISHERS, INC.

## Current Principal Place of Business:

19620 PIRES BLVD  
STE 220  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

19620 PINES BLVD  
STE 220  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

P.O. BOX 820814  
SOUTH FLORIDA, FL 33082

## New Mailing Address:

FEI Number: 20-4893739      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ORTIZ, EDWIN L  
Address: 19620 PIRES BLVD #220  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V ( ) Delete  
Name: ARROLLO, MARIA C  
Address: 4824 SW 195 WAY  
City-St-Zip: MIRAMAR, FL 33029

Title: T ( ) Delete  
Name: ORTIZ, GAMALIEL  
Address: 4824 SW 195 WAY  
City-St-Zip: MIRAMAR, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: ARROYO-PANTOJA, MARIA C  
Address: 4824 SW 195 WAY  
City-St-Zip: MIRAMAR, FL 33029

Title: T (X) Change ( ) Addition  
Name: ORTIZ, GAMALIEL  
Address: 2955 NW 126 AVE, #418  
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify 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: GAMALIEL ORTIZ

T

02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date