

PD4 00000376 70

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

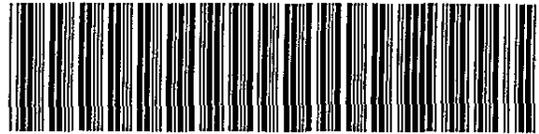
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Corrected old
address

(Signature)



000042890960

12/10/04--01021--010 **35.00

04 DEC 10 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12/14/04
Ro chg.

(Signature)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Best Show Inc.
(Name of corporation)

DOCUMENT NUMBER: PO4 000037670

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leticia Labbe
(Name of contact person)

Best Show Inc
(Firm/Company)

5099 NW 83 Lane
(Address)

Coral Springs, FL 33067
(City/state and zip code)

For further information concerning this matter, please call:

Leticia Labbe at (954) 796-4386
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Best Show, Inc.
- 2. The principal office address: 5099 NW 83 Lane
Coral Springs, FL 33067
- 3. The mailing address (if different): 5099 NW 83 Lane
Coral Springs, FL
- 4. Date of incorporation/qualification: PO00037670 Document number: 02/26/2001

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Leticia Labbe
4094 - NW 110th Ave.
Coral Springs, FL 33067

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Leticia Labbe
5099 NW 83 Lane
(P.O. Box NOT acceptable)
Coral Springs, FL 33067

04 DEC 10 AM 10:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Leticia Labbe
(Signature of an officer or director)

Leticia Labbe
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Leticia Labbe
(Signature of Registered Agent)

12/02/04
(Date)

If signing on behalf of an entity:

Leticia Labbe
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***