

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037670

Entity Name: BEST SHOW, INC.

FILED  
Jan 19, 2005  
Secretary of State

## Current Principal Place of Business:

1419 BANKS RD.  
MARGATE, FL 33063

## New Principal Place of Business:

5099 NW 83 LANE  
CORAL SPRINGS, FL 33067

## Current Mailing Address:

1419 BANKS RD.  
MARGATE, FL 33063

## New Mailing Address:

5099 NW 83 LANE  
CORAL SPRINGS, FL 33067

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LABBE, LETICIA  
5099 NW 83 LANE  
CORAL SPRINGS, FL 33067 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: PD ( ) Delete  
Name: LABBE, LETICIA  
Address: 4094 NW 110TH AVE.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD ( ) Delete  
Name: LABBE, RODRIGO  
Address: 4094 NW 110TH AVE.  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LABBE, LETICIA  
Address: 5099 NW 83 LANE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VD (X) Change ( ) Addition  
Name: LABBE, RODRIGO  
Address: 50999 NW 83 LANE  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LETICIA LABBE

PD

01/19/2005

Electronic Signature of Signing Officer or Director

Date