

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039154

FILED
Apr 22, 2005
Secretary of State

Entity Name: BEST QUALITY AVAILABLE, INC.

Current Principal Place of Business:

P.O. BOX 650368
MIAMI, FL 332650368

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 650368
MIAMI, FL 332650368

New Mailing Address:

FEI Number: 73-1697290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINO, OMAR
3155 VILLAGE GREEN DR.
MIAMI, FL 33175 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: D () Delete
Name: MARINO, OMAR A
Address: 21101 SW 198 AVE.
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: DUARTE, SELVIN
Address: 1040 SPRING GARDEN DR. #114
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: CHALA, JAVIER
Address: 50 W. 8 STREET #B
City-St-Zip: HIALEAH, FL 33010

Title: D (X) Delete
Name: RODRIGUEZ, MARTIN C
Address: 12260 SW 188 ST.
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: OMAR MARINO

P

04/22/2005

Electronic Signature of Signing Officer or Director

Date