

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90036 021 \*\*\*150.00

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01242005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000052733</b> 1. Entity Name <b>BEST ORIGINAL DESIGN, INC.</b>					
Principal Place of Business <b>2900 W. SAMPLE ROAD K 5111 POMPAÑO BEACH, FL 33073</b>			Mailing Address <b>3910 INVERRARY BLVD #B 104 LAUDERHILL, FL 33319</b>		
2. Principal Place of Business <b>8221 W. Glades Rd. Suite, Apt. #, etc. Boca Raton, FL</b>		3. Mailing Address <b>8333 W. McLab Rd Ste #127 City &amp; State Tamarac, FL</b>			
City & State <b>Boca Raton, FL</b>		City & State <b>Tamarac, FL</b>		4. FEI Number <b>29-1853129</b>	
Zip <b>33434</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PINKHASOV, SULEYMAN 3910 INVERRARY BLVD #B 104 LAUDERHILL, FL 33319</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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:					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PINKHASOV, SULEYMAN 3910 INVERRARY BLVD #B104 LAUDERHILL, FL 33319</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b>			1/24/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		