

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000059752

1. Entity Name
BEST CHOICE TRANSPORTATION, INC.



06 SEP 2006 3:35

Principal Place of Business
2528 COUNTRYSIDE PINES DR
CLEARWATER, FL 33761

Mailing Address
2528 COUNTRYSIDE PINES DR
CLEARWATER, FL 33761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



08302006 Chg-P CR26034 1/05 2006

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADI, YOUSSEF
2528 COUNTRYSIDE PINES DR
CLEARWATER, FL 33761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MADI, YOUSSEF
STREET ADDRESS 2528 COUNTRYSIDE PINES DR
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE ☐ Change ☐ Addition
NAME 200080192652
STREET ADDRESS 09/26/06--01071--019 ***150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Youssef Madi Youssef Madi 09-26-06 (727)444-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2052

To whom It may concern

Pursuant to my telephone conversation with
Michelle Milligan of August 30, 2006. I'm
writing this letter to inform you that I didn't
file my 2006 annual report form because
I didn't receive any letter or postal card
for that, so I'm sending the form now
with a check of \$ 150.00.

please if you have any questions, don't
hesitate to contact me at (727) 444-4433

Best Choice Transportation, INC.
Youssef Madi

09-20-06

mead