## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 29, 2007 08:00 AM DOCUMENT # P04000074120 **Secretary of State** 1. Entity Namo BESTART CORPORATION Principal Place of Business Mailing Address 1445 W. 41ST STREET 1445 W. 41ST STREET HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 55-0871218 Not Applicab Zio Country Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNOZ, EMILIO Street Address (P.O. Box Number is Not Acceptable) 1445 W. 41ST STREET APT. A HIALEAH FL 33012 Zip Codo 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 r applicable (NOTE, Registered Agen) signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8: After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** ☐ Delete 71811 ☐ Change ☐ Addition MUNOZ, EMILIO NAM U00000610291 1445 W. 41ST STREET APT. A STREET ADDRESS STREET ADDRESS 02/02/07-80016-012 158.75 HIALEAH FL 33012 CITY S1-ZIP CITY ST /IP Ш Delete HHE ☐ Change ☐ Addition NAME SHIFFT ADDRESS SIRELL ADDRESS. CITY ST ZIP CHY-SE ZIP IIIU ☐ Delete ☐ Change NAM NAMI STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY-SE-7IP ☐ Delete 7313 F ☐ Change Addis. NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY ST-7IP ☐ Delete 11111 ☐ Change Addis. MARK SITULE ADDRESS SIBH LADORESS CHY SI 7IP CHY-ST ZIP IIILL ☐ Delete Change Addition NAME STREET ADDRESS STRELT ADDRESS CITY SI ZIP CITY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

FUTL O TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2007 (786) 87