## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000094400

Entity Name: BEST HOME SAVERS, INC

FILED Jan 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20021 NW 82ND CT 19201 COLLINS AVENUE MIAMI, FL 33015 122

SUNNY ISLES, FL 33160

Current Mailing Address: New Mailing Address:

20021 NW 82ND CT 19201 COLLINS AVENUE MIAMI, FL 33015 122

SUNNY ISLES, FL 33160

FEI Number: 20-1277003 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 VILLAMIZAR, OTTO
 RODRIGUEZ, ANTOLIN

 20021 NW 82ND CT
 19201 COLLINS AVENUE

 MIAMI, FL 33015 US
 #122

 SUNNY ISLES, FL 33160 US

The above named entity submits this statement for the nurness of changing its registered effice or regist

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: ANTOLIN RODRIGUEZ 01/10/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 RODRIGUEZ, IBIS
 Name:
 RODRIGUEZ, IBIS

 Address:
 20021 NW 82ND CT
 Address:
 19201 COLLINS AVENUE # 122

 City-St-Zip:
 MIAMI, FL 33015
 City-St-Zip:
 SUNNY ISLES, FL 33160

Title: TSD ( ) Delete Title: TSD (X) Change ( ) Addition Name: RODRIGUEZ, ANTOLIN Name: RODRIGUEZ, ANTOLIN

Address: 20021 NW 82ND CT Address: 19201 COLLINS AVENUE # 122
City-St-Zip: MIAMI, FL 33015
City-St-Zip: SUNNY ISLES, FL 33160

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 VILLAMIZAR, ÖTTO
 Name:

 Address:
 20021 NW 82ND CT
 Address:

 City-St-Zip:
 MIAMI, FL 33015
 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: IBIS RODRIGUEZ DP 01/10/2005