

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000106164

1. Entity Name
BEST CHOICE MIRROR CORP.



FILED
05 OCT 25 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5573 BOYNTON RISE LANE
BOYNTON BEACH, FL 33437

Mailing Address
5573 BOYNTON RISE LANE
BOYNTON BEACH, FL 33437

2. Principal Place of Business
5573 Boynton Rise LN
Suite/Apt. #, etc.

3. Mailing Address
5573 Boynton Rise LN
Suite/Apt. #, etc.

City & State
Boynton Beach, FL
Zip 33437 Country USA

City & State
Boynton Beach, FL
Zip 33437 Country USA

09132005 Chg-P CR2E034 (10/03)

4. FEI Number 11-3724683
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ANTILUS, DAVID
5573 BOYNTON RISE LANE
BOYNTON BEACH, FL 33437

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 October 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANTILUS, DAVID
STREET ADDRESS 5573 BOYNTON RISE LANE
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☐ Delete

TITLE T
NAME SEVERE, SANDY
STREET ADDRESS 5573 BOYNTON RISE LANE
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600060916436
10/25/05--01024--007 **\$550.00

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #