2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000107794 **FILED** Jul 29, 2008 08:00 AM BEST TOWN HOUSES, CORP. Secretary of State Principal Place of Business Mailing Address 10465 NW 131TH STREET 10465 NW 131TH STREET HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 07162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1439673 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE The state of the s O'REILLY, INELDO 10465 NW 131TH STREET HIALEAH GARDENS, FL 33018 IN THIS SPACE 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607,193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10 Similar and most of the state the life of the said U00000356614 07/29/08-80002-012-150.00 DPT TITLE O'REILLY, INELDO NAME STREET ADDRESS 10465 NW 131TH STREET CITY-ST-ZIP HIALEAH GARDENS, FL 33018 Committee of the wall by the wall propagate a man to had the Commence of the state of the st DV\$ THE O'REILLY, MAGALY NAME and the second s 10465 NW 131TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS, FL 33018 and a second and the first of the second The second secon TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP commenced the state of the stat TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE I stage that was a so on a well goes the son in the standing little NAME STREET ADDRESS the state of the state of CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED

SIGNATURE: