

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136153

Entity Name: BEST WELLS, INC.

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

18395 SW 138TH COURT
MIAMI, FL 33177

New Principal Place of Business:

9719 SOUTH DIXIE HIGHWAY
2
PINECREST, FL 33156

Current Mailing Address:

5 N.W. 36 STREET
MIAMI, FL 33127

New Mailing Address:

9719 SOUTH DIXIE HIGHWAY
2
PINECREST, FL 33156

FEI Number: 20-2216165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRET, FABIENNE A
18395 SW 138TH COURT
MIAMI, FL, FL 33177 US

Name and Address of New Registered Agent:

BERRET, FABIENNE A
9719 SOUTH DIXIE HIGHWAY
2
PINECREST, FL 33156 US

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:

06/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERRET, FABIENNE A
Address: 18395 SW 138TH COURT
City-St-Zip: MIAMI, FL 33177

Title: VP (X) Delete
Name: BERRET, MICHEL-ANGE
Address: 18395 SW 138TH COURT
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERRET, FABIENNE A
Address: 9719 SOUTH DIXIE HIGHWAY, SUITE 2
City-St-Zip: PINECREST, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FABIENNE BERRET

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date