## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000137781

Entity Name: THE BEST FAMILY INVESTMENT GROUP, INC.

FILED Feb 05, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
1862 NW 145TH TERR PEMBROKE PINES, FL 33029					1862 NW 145TH TERRACE PEMBROKE PINES, FL 33028			
Current Mailing Address:					New Mailing Address:			
1862 NW 145TH TERR PEMBROKE PINES, FL 33029					1862 NW 145TH TERRACE PEMBROKE PINES, FL 33028			
FEI Number:	20-1711592	FEI Num	ber Applied For ( )	FEI Num	nber Not Appl	icable ( )	Certific	ate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								gistered Agent:
GONZALEZ, MICHAEL A 1862 NW 145 TERRACE PEMBROKE PINES, FL 33028 US					GONZALEZ, MICHAEL 1862 NW 145TH TERRACE PEMBROKE PINES, FL 33028 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: MICHAEL GONZALEZ					02/05/2005			
	Electr	onic Signatu	re of Registered Agen	t				Date
Election Cam	paign Financ	ing Trust Fun	d Contribution ( ).					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GONZALEZ, 1862 NW 14		029		Title: Name: Address: City-St-Zip:	P GONZALEZ, 1862 NW 14 PEMBROKE	5TH TERRA	CE
Title: Name: Address: City-St-Zip:	T VACCA, ANT 8988 NW 18 MIAMI, FL 3	7TH STREET			Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	S GUARIN, FRA 1273 SW 114 DAVIE, FL 3	ANCISCO 6 WAY			Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	CANARTE, D 11258 NW 4		95		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	TORO, JORO 11235 NW 4		95		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address:	D GONZALEZ, 1266 SW 11:				Title: Name: Address:		() Change	( ) Addition

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.

City-St-Zip:

SIGNATURE: MICHAEL GONZALEZ P 02/05/2005

**DAVIE, FL 33325** 

City-St-Zip: