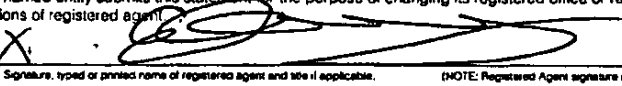
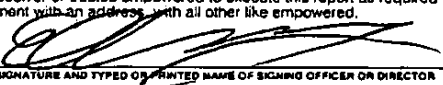


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90079 033 ***150.00

DOCUMENT # P04000158113 1. Entity Name FLORIDA BEST REALTY, INC.																													
Principal Place of Business 200 LESLIE DR #629 HALLANDALE, FL 33009			Mailing Address 200 LESLIE DR #629 HALLANDALE, FL 33009																										
2. Principal Place of Business 2999 N.E. 191 Street Suite, Apt. #, etc. Suite 101 City & State Aventura, Florida 33180 Zip Country		3. Mailing Address 2999 N.E. 191 Street Suite, Apt. #, etc. Suite 101 City & State Aventura, Florida 33180 Zip Country																											
4. FEI Number 20-1913874				Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				02072005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent DISON, EUGENE 200 LESLIE DR #629 HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name Eugene Dison Street Address (P.O. Box Number is Not Acceptable) 2999 N.E. 191 Street Suite 900 City Aventura FL Zip Code 33180																										
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:  DATE: 2/8/05 Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">DPST</td> <td style="width:30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DISON, EUGENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>200 LESLIE DR #629</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>HALLANDALE, FL 33009</td> <td></td> </tr> </table>				TITLE	DPST	☐ Delete	NAME	DISON, EUGENE		STREET ADDRESS	200 LESLIE DR #629		CITY- ST- ZIP	HALLANDALE, FL 33009		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: 2/8/05 Phone: 954-257-8664																									