2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State

DOCUMENT # P04000158113 1. Entity Name FLORIDA BEST REALTY, INC.				a (03-08-200	06 90165 044 ***1	50.00
Principal Plac	e of Business	Mailing Address	•				
2999 N.E. 19		2999 N.E. 191 STREET					
		SUITE 101					
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022006	Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEI Num 20-19	^{ber} 13874		plied For t Applicable
Zip	Country	Zip	Country	5. Certifica	te of Status Desired	□ \$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name	Name EUGENE DISON			
DISON, EUGENE			Street A	ddress (P.O. Box Num	ber is Not-Acgentable	e) •	
N.E. 191 S SUITE 900			B.(1001.7 <u>1</u>	2999 N	<u> </u>	t/ut	
	A, FL 33180		ŀ	Swite	101		
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0 The share	named entity submits this statement fo	- Al-	-:	yvanju	ceb in the State of El	<u> </u>	100
	ions of registered agent	r the purpose of changing its re	gistered onice of	registered agent, or t	oun, in the State of Fi	onda. Tam familiar willi,	and accept
3/2/04							
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
		بتراهيات ا		\$5.00 May Be Added to Fees			
		Trust Fund Contrib		Added to Fees	S/CHANGES TO OFF	FICERS AND DIRECTORS	3 IN 11
After Ma	ny 1, 2006 Fee will be \$550.0	Trust Fund Contrib	ution.	Added to Fees ADDITION		Change	S IN 11
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12. I nelegy certify that the information supplied with this little information supplied with this 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

3/2/06 (305)792-0800

Daylime Phone #