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Secretary of State

03-02-2005 90071 032 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000165661

1. Entity Name
BEST ACTIVE MORTGAGE, INC.

66009315

Principal Place of Business	Mailing Address
4170 SW 82 COURT MIAMI, FL 33155	4170 SW 82 COURT MIAMI, FL 33155

01282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2056 S.E. 19 St.		2056 S.E. 19 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Homestead, Fl.		City & State: Homestead, Fl.	
Zip: 33035	Country:	Zip: 33035	Country:

4. FEI Number: 32-0134191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-LOYNAZ, ESPERANZA
4170 SW 82 COURT
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name: Garcia-Loynaz, Esperanza
Street Address (P.O. Box Number is Not Acceptable): 2056 S.E. 19 Street
City: Homestead FL Zip Code: 33035

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] 1/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA-LOYNAZ, ESPERANZA 4170 SW 82 COURT MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Garcia-Loynaz, Esperanza 2056 S.E. 19 Street Homestead, Fl. 33035	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUZ-JUSINO, CARMEN 19250 SW 190 STREET MIAMI, FL 33187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 1/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #