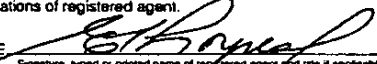
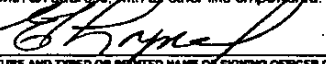


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-02-2005 90071 032 ***150.00

DOCUMENT # P04000165661			
1. Entity Name BEST ACTIVE MORTGAGE, INC.			
Principal Place of Business 4170 SW 82 COURT MIAMI, FL 33155		Mailing Address 4170 SW 82 COURT MIAMI, FL 33155	
2. Principal Place of Business 2056 S.E. 19 St.		3. Mailing Address 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 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  DATE 1/28/05 (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		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
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: 		DATE: 1/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66009315



01282005 Chg-P CR2E034 (10/03)