

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P05000013079

1. Entity Name
BEST MEDICAL LIFE INC



FILED

06 OCT 19 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1933 SW 27 AVENUE
MIAMI, FL 33145 US**

Mailing Address
**1933 SW 27 AVENUE
MIAMI, FL 33145 US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

08222006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2222657

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PASCUAL, ELIZABETH
1933 SW 27 AVENUE
MIAMI, FL 33145**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Elizabeth Pascual* DATE 9/21/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PASCUAL, ELIZABETH	
STREET ADDRESS	15361 SW 47 STREET	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Elizabeth Pascual* DATE 9/21/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2e 10/24

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October 16, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Best Medical Life, INC
Ref. Number P05000013079

To Whom It May Concern:

I have already sent in a payment of \$150.00 to reinstate my corporate annual report of 2006. Please accept my payment, which I never received a bill for the 2006 corporate annual report first notice. If you have any questions regarding this matter, please contact me at (786-234-2590).

Sincerely,

Elizabeth Pascual