
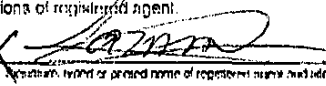
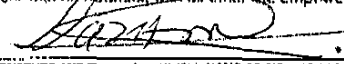


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P05000021924</b> 1. Entity Name BEST MARKETING & BILLING, INC.			
Principal Place of Business 932 SW 82ND AVE. MIAMI, FL 33144		Mailing Address 932 SW 82ND AVE. MIAMI, FL 33144	
2. Mailing Address 932 SW 82ND AVE			
3. Mailing Address 932 SW 82ND AVE		04282006 Chg-P CR2E034 (11/05)	
City & State MIAMI FLA.		4. FEI Number 202354618	
Zip 33144		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, LAZARO 932 SW 82ND AVE. MIAMI, FL 33144		7. Name and Address of New Registered Agent Name: HERNANDEZ LAZARO Street Address (P.O. Box Number is Not Acceptable): 932 SW 82 AVE City: MIAMI FL Zip Code: 33144	
8. This 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: 4/28/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PS NAME: HERNANDEZ, LAZARO STREET ADDRESS: 932 SW 82ND AVE. CITY-ST-ZIP: MIAMI, FL 33144	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 4/28/06	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4/28/06	