


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90015 038 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P05000025281</b><br>1. Entity Name<br>BEST CHOICE RECORD AND THINGS INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>9815 SW 40TH STREET<br>MIAMI, FL 33165 | Mailing Address<br>9815 SW 40TH STREET<br>MIAMI, FL 33165 |
|---|---|

66010472



02122008 No Chg-P CR2E034 (11/05)

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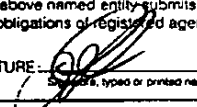
|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-2443777 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                   |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|---|-----------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>JUSTINIANI, ELISEO<br>9815 SW 40TH STREET<br>MIAMI, FL 33165 |
|---|

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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:  (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>JUSTINIANI, ELISEO<br>9815 SW 40TH STREET<br>MIAMI, FL 33165 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #