

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

04-24-2006 90418 002 ***150.00

DOCUMENT # P05000103616 1. Entity Name BEST MEDICAL TREATMENTS, INC.					
Principal Place of Business 11180 W FLAGLER ST SUITE 17-18 MIAMI, FL 33174			Mailing Address 11180 W FLAGLER ST SUITE 17-18 MIAMI, FL 33174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
ESTEVEZ, OSMAR 11180 W FLAGLER ST SUITE 17-18 MIAMI, FL 33174		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	P ESTEVEZ, OSMAR 11180 W FLAGLER ST SUITE 17-18 MIAMI, FL 33174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>X</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/13/06 (305) 487-6424 <small>Date Daytime Phone #</small>		

66017184



04132006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3201716** Applied For ☐ Not Applicable ☐

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