

Feb 23 06 10:05p

H. N. RAMCHARITAR, INC.

03-08-2006 90191 008 ***150.00

P05000135279

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****06 AUG -4 PM 3:03****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****50001569**

DOCUMENT # P05000135279			
1. Entity Name BEST BARGAIN FURNITURE, INC.			
Principal Place of Business 2315 NE 5TH AVENUE POMPANO BEACH, FL 33064		Mailing Address 2315 NE 5TH AVENUE POMPANO BEACH, FL 33064	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3574557		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKSH, AMMIN 7200 DILIDO BLVD MIRAMAR, FL 33023		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 _____ Signature, typed or printed name of registering agent and title if applicable. (NOTE: Registering Agent Signature must be on when recorded.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P BAKSH, AMMIN 7200 DILIDO BLVD MIRAMAR, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKSH, BIBI N 7200 DILIDO BLVD MIRAMAR, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 Ammin Bakh</i>		Ammin BAKSH 24 FEB 2006 9547845142	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Printed Name	

BEST BARGAIN FURNITURE INC
2315 NE 5TH AVE
POMPANNO BEACH, FL. 33064

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AUGUST 4, 2006

EULA
FLORIDA DEPARTMENT OF REVENUE

DEAR EULA,

I DID NOT RECEIVE THE REJECT LETTER
TO MAKE CORRECTION AND SEND WITHIN 30 DAYS.
PLEASE WAIVE \$400 LATE FEE.

THANK YOU.

Ammin Baksh
AMMIN BAKSH