


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90003 021 \*\*\*150.00

<b>DOCUMENT # P06000064346</b>	
1. Entity Name <b>BEST HOTELS BRANDS CORP</b>	

Principal Place of Business <b>2600 NW 75TH AVE., SUITE 100 MIAMI, FL 33122</b>	Mailing Address <b>2600 NW 75TH AVE., SUITE 100 MIAMI, FL 33122</b>
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2. Principal Place of Business - No P.O. Box # <b>8355 NW 74th Street</b>	3. Mailing Address <b>8355 NW 74th Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Mechley</b>	City & State <b>Mechley</b>
Zip <b>33166</b>	Country <b>Dade</b>
Zip <b>33166</b>	Country <b>Dade</b>



02162007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>SANTIGOSA, SALVADOR 2600 NW 75TH AVE., SUITE 100 MIAMI, FL 33122</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTIGOSA, SALVADOR 2600 NW 75TH AVE., SUITE 100 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Yohanis Carrera</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8355</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAUEL, JOSE 2600 NW 75TH AVE., SUITE 100 MIAMI, FL 33122 <input checked="" 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	SD MIGUEZ, HUGO L 2600 NW 75TH AVE., SUITE 100 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **2/16/07** **3055919623**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #