

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078312

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** THE BEST SOLUTIONS BUSINESS & SERVICES CORP.

**Current Principal Place of Business:**

1001 91 ST.  
511  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

1001 91 ST.  
511  
BAY HARBOR ISLANDS, FL 33154 UN

**Current Mailing Address:**

1001 91 ST.  
511  
BAY HARBOR ISLANDS, FL 33154

**New Mailing Address:**

**FEI Number:** 20-5556224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JIMENEZ, GABY  
1001 91 ST.  
511  
BAY HARBOR ISLANDS, FL 33154 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JIMENEZ, GABY  
Address: 1001 91 ST. # 511  
City-St-Zip: BAY HARBOR, FL 33154

Title: VP  
Name: DAVID, JAIME  
Address: 1001 91 ST. # 511  
City-St-Zip: BAY HARBOR, FL 33154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAIME DAVID

MR.

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date