

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078707

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** FLORIDA BEST PROFESSIONAL CLEANING & HANDYMAN SERVICE, INC.

**Current Principal Place of Business:**

4009 LAKE BLUFF DRIVE  
MASCOTTE, FL 34753 US

**New Principal Place of Business:**

55B BLUFF LAKE ROAD  
MASCOTTE, FL 34753 US

**Current Mailing Address:**

4009 LAKE BLUFF DRIVE  
MASCOTTE, FL 34753 US

**New Mailing Address:**

55B BLUFF LAKE ROAD  
MASCOTTE, FL 34753 US

**FEI Number:** 20-5116141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENITEZ, BRENDA  
4009 LAKE BLUFF DRIVE  
MASCOTTE, FL 34753 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BENITEZ, BRENDA  
Address: 4009 LAKE BLUFF DRIVE  
City-St-Zip: MASCOTTE, FL 34753 US

Title: VP ( ) Delete  
Name: BENITEZ, CHRIS  
Address: 4009 LAKE BLUFF DRIVE  
City-St-Zip: MASCOTTE, FL 34753 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** BRENDA BENITEZ

PD

07/08/2008

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

\_\_\_\_\_  
Date