

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

04-30-2007 90388 049 ***150.00

DOCUMENT # P06000082631

1. Entity Name
MIAMI BEST TROPICAL ENTERPRISE INC



Principal Place of Business
**3553 N.W. 79TH AVENUE
MIAMI, FL 33122**

Mailing Address
**3553 N.W. 79TH AVENUE
MIAMI, FL 33122**

66015761



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05172007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5085033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACHADO, MARIA E
3553 N.W. 79TH AVENUE
MIAMI, FL 33122**

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

Maria E. Machado

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/07

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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 PD ☐ Delete
NAME MACHADO, MARIA E
STREET ADDRESS 3553 N.W. 79TH AVENUE
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Maria E. Machado



Date

Daytime Phone #

4/13/07

ATTACHMENT

66015761
P06000082631

MIAMI BEST TROPICAL ENTERPRISE, INC. # P06000082631		1031
3553 N.W. 79TH AVE MIAMI, FL 33122		60-8776 2070
Date <u>4/13/07</u>		
PAY to the order of <u>Florida Dept. of State</u>	\$ <u>150.00</u>	
<u>One Hundred Fifty</u>	Dollars	
 The American Bank Miami Branch 4000 Biscayne Blvd. Miami, FL 33137		
FOR <u>Personal Use 2007</u> <u>Walter P. H. Roberts</u>		
		
<p>DEPARTMENT OF STATE FOR DEPOSIT ONLY ACCT. # 1009068790 APR 30 2007</p> <p>6740243681</p>		