2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000082631

1. Entity Name
MIAMI BEST TROPICAL ENTERPRISE INC

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

DO NOT WRITE IN THIS SPACE

01242008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-5085033		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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02/07/08-80059-020 150.00

DO NOT WRITE IN THIS SPACE

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: _____   1/24/08   (201) 264-3853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #