

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101768

FILED  
Mar 22, 2007  
Secretary of State

Entity Name: BEST QUALITY PRACTICE INC.

## Current Principal Place of Business:

1840 W 49 STREET  
SUITE 713  
HIALEAH, FL 33012

## New Principal Place of Business:

6500 NW 72 AVENUE  
SUITE 203  
MIAMI, FL 33166

## Current Mailing Address:

1840 W 49 STREET  
SUITE 713  
HIALEAH, FL 33012

## New Mailing Address:

6500 NW 72 AVENUE  
SUITE 203  
MIAMI, FL 33166

FEI Number: 20-5496999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REINA, DOUGLASS  
785 W 52 STREET  
HIALEAH, FL 33013 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALONSO, ALEX  
Address: 3319 ANDERSON RD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: REINA, DOUGLASS  
Address: 785 W 52 STREET  
City-St-Zip: HIALEAH, FL 33013

## 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 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: ALONSO, ALEX

PD

03/22/2007

Electronic Signature of Signing Officer or Director

Date