

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103919

FILED
Aug 01, 2007
Secretary of State

Entity Name: BEST FLORIDA MORTGAGE SERVICES, INC.

Current Principal Place of Business:

18840 US HIGHWAY 19 NORTH SUITE 440
CLEARWATER, FL 33764

New Principal Place of Business:

515 E LAS OLAS BLVD
SUITE 1150
FT LAUDERDALE, FL 33301

Current Mailing Address:

18840 US HIGHWAY 19 NORTH SUITE 440
CLEARWATER, FL 33764

New Mailing Address:

5700 S SABLE CIRCLE
MARGATE, FL 33061

FEI Number: 20-5311956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMORRO, XAVIER
18840 US HIGHWAY 19 NORTH SUITE 440
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

CHAMORRO, XAVIER
5700 S SABLE CIRCLE
MARGATE, FLORIDA, FL 33061 US

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:

08/01/2007

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: DP () Delete
Name: CHAMORRO, XAVIER
Address: 18840 US HIGHWAY 19 NORTH SUITE 440
City-St-Zip: CLEARWATER, FL 33764

Title: DVP (X) Delete
Name: RAWLINS, SUSAN M
Address: 2072 ENVOY COURT
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAMORRO, XAVIER
Address: 5700 S SABLE CIRCLE
City-St-Zip: MARGATE, FL 33063

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: XAVIER CHAMORRO

PD

08/01/2007

Electronic Signature of Signing Officer or Director

Date