

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112858

Entity Name: BEST QUALITY EQUIPMENTS INC.

FILED  
Jun 16, 2009  
Secretary of State

## Current Principal Place of Business:

8100 NW GENEVA CT, APT, 144  
DORAL, FL 33166

## New Principal Place of Business:

10800 NW 29 ST  
DORAL, FL 33172

## Current Mailing Address:

8100 NW GENEBA CT, APT. 144  
DORAL, FL 33166

## New Mailing Address:

10800 NW 29 ST  
DORAL, FL 33172

FEI Number: 20-5657704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORMACHEA, EDGARDO  
8100 NW GENEBA CT, APT. 144  
DORAL, FL 33166 US

## Name and Address of New Registered Agent:

ORMACHEA, EDGARDO  
10800 NW 29 ST  
DORAL, FL 33172 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: EDGARDO

06/16/2009

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: DPVS ( ) Delete  
Name: ORMACHEA, EDGARDO  
Address: 8100 NW GENEBA CT, APT. 144  
City-St-Zip: DORAL, FL 33166

Title: T ( ) Delete  
Name: ORMACHEA, EDGARDO  
Address: 8100 NW GENEBA CT, APT. 144  
City-St-Zip: DORAL, FL 33166

## 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: EDGARDO ORMACHEA

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date