

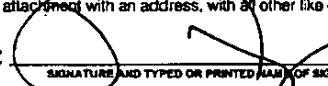


FILED
Mar 04, 2008 8:00 am
Secretary of State

01-25-2008 90020 024 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000140751			
1. Entity Name BEST INVESTMENT AND CONSULTANTS OF MIAMI, INC			
Principal Place of Business 14996 SW 59 ST MIAMI, FL 33193		Mailing Address 14996 SW 59 ST MIAMI, FL 33193	
2. Principal Place of Business - No P.O. Box # 13810 SW 34 ST.		3. Mailing Address 13810 SW 34 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State miami FL		City & State miami FL	
Zip 33175	Country Miami-Dade	Zip 33175	Country Miami-Dade
6. Name and Address of Current Registered Agent GONZALEZ, TANIA E 14996 SW 59 ST MIAMI, FL 33193		7. Name and Address of New Registered Agent Name GONZALEZ, TANIA E Street Address (P.O. Box Number is Not Acceptable) 13810 SW 34 ST City miami FL Zip Code 33175	
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  President DATE 01/15/08 <small>(NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, TANIA E 14996 SW 59 ST MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gonzalez, Tania E. 13810 SW 34 ST miami, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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:  President		DATE: 01/15/08 (786)3997220	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

1)

66002247



01142008 Chg-P CR2E034 (12/06)

4. FEI Number **20-5897370** Applied For
APPLIED FOR Not Applicable

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Time Phone #

