

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90032 045 ***150.00

DOCUMENT # P07000066837			
1. Entity Name THE BEST GENERAL FINISH, INC.			
Principal Place of Business 4677 NW 9 ST - APT 204 MIAMI, FL 33126		Mailing Address 4677 NW 9 ST - APT 204 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box 200 SW 71st Ave Suite, Apt. #, etc.		3. Mailing Address 200 SW 71st Ave Suite, Apt. #, etc.	
City, State Miami, FL		City, State Miami, FL	
Zip 33144		Zip 33144	
4. Name and Address of Current Registered Agent ZULUAGA, GUSTAVO A 4677 NW 9 ST - APT 204 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: Zuluaga, Gustavo A. Street Address (P.O. Box Number is Not Acceptable): 200 SW 71st Ave City: Miami, FL Zip Code: 33144	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. 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: <i>Gustavo A. Zuluaga</i> (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 <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	PD ZULUAGA, GUSTAVO A 4677 NW 9 ST - APT 204 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Zuluaga, Gustavo A. 200 SW 71st Ave Miami, FL 33144
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
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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: <i>Gustavo A. Zuluaga</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytime Phone #: _____	