

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117647

Entity Name: MIAMI'S BEST REALTY INC.

FILED  
Sep 17, 2009  
Secretary of State

## Current Principal Place of Business:

260 CRANDON BOULEVARD  
SUITE 32 - PNB433  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

## Current Mailing Address:

260 CRANDON BOULEVARD  
SUITE 32 - PNB433  
KEY BISCAYNE, FL 33149

## New Mailing Address:

FEI Number: 26-1483847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE LEON, ROBERT  
272 FERNWOOD ROAD  
KEY BISCAYNE, FL 33149 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

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: P ( ) Delete  
Name: DE LEON, ROBERT  
Address: 260 CRANDON BOULEVARD SUITE 32 - PNB433  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete  
Name: DE LEON, LINDA  
Address: 260 CRANDON BOULEVARD SUITE 32 - PNB433  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SEC ( ) Delete  
Name: DE LEON, LINDA  
Address: 260 CRANDON BOULEVARD SUITE 32 - PNB433  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: BK ( ) Delete  
Name: VARGAS, JOHN A  
Address: 260 CRANDON BOULEVARD SUITE 32-PNEB433  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT DELEON

PSTD

09/17/2009

Electronic Signature of Signing Officer or Director

Date