## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000069279

Entity Name: BEST CENTURY INVESTMENTS INC

FILED Feb 09, 2012 Secretary of State

| Current Principal Place of Business:                      |                                  | New Principal Place of Business:          |                                      |
|---|----------------------------------|---|--------------------------------------|
| 7345 W. SAND LAKE RI<br>SUITE 301B                        |                                  |   |                                      |
| ORLANDO, FL 32819   | US                               |   |                                      |
| Current Mailing Address:                                  |                                  | New Mailing Address:                      |                                      |
| 7345 W. SAND LAKE RI<br>SUITE 301B                        | O                                |   |                                      |
| ORLANDO, FL 32819   | US                               |   |                                      |
| FEI Number: 45-2894894                                    | FEI Number Applied For ( )       | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent:             |                                  | Name and Address of New Registered Agent: |                                      |
| SILVA, RAMON A<br>1727 MILLBRIDGE CT<br>ORLANDO, FL 32837 | US                               |   |                                      |
| The above named entity in the State of Florida.           | submits this statement for the p | urpose of changing its registered         | office or registered agent, or both, |
| SIGNATURE:  |                                  |   |                                      |
| Electronic Signature of Registered Agent                  |                                  | nt  | Date                                 |
|   |                                  |   |                                      |

## **OFFICERS AND DIRECTORS:**

Title:

Name: SILVA, RAMON A
Address: 1727 MILLBRIDGE CT
City-St-Zip: ORLANDO, FL 32837 US

I hereby 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 all other like empowered.

SIGNATURE: RAMON SILVA P 02/09/2012