

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086285

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** SECOND BEST, INC.

**Current Principal Place of Business:**

815 PEACOCK PLAZA  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

815 PEACOCK PLAZA  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-0480411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OROPEZA, SCOTT G  
815 PEACOCK PLAZA  
KEY WEST, FL 33040 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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: KOENIG, TIMOTHY J  
Address: 8 BAMBOO TERRACE  
City-St-Zip: KEY WEST, FL 33040

Title: VPT  
Name: SCOTT OROPEZA  
Address: 815 PEACOCK PL  
City-St-Zip: KEY WEST, FL 33040

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: TIMONTHY J. KOENIG

PS

02/09/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date