## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P96000005890

1. Entity Name

Principal Place of Business

HIALEAH, FL 33010

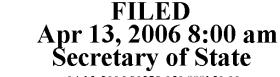
1020 WEST 23RD STREET

BEST TRITON BATTERY CORP.



Mailing Address

1020 WEST 23RD STREET HIALEAH, FL 33010



04-13-2006 90279 050 \*\*\*150.00



03302006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0642625

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRALES, LUIS 1020 W 23 ST HIALEAH, FL 3301

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HIALEAH, FL 33010			IN THIS SPACE		
	,				
	named entity submits this statement for the pions of egistered agent.  Signature, weather printed name of registered agent and title it		ed office or regist d Agent signature requi		th, in the State of Florida. I am familiar with, and accept  DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	· — •	5.00 May Be	
10.	OFFICERS AND DIREC	TORS	San Tal		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTIAGO, MARIA 10510 SW 41ST TERRACE MIAMI, FL 33165				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRALES, LUIS 1701 W 42 PLACE HIALEAH, FL			4.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTIAGO, EDUARDO 10510 SW 41ST TERRACE MIAMI, FL 33165			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERRALES, ADRIANA 1701 W 42ND PLACE #47 HIALEAH, FL 33012	i		IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	contify that the information supplied with this fi				Floride Statute I further certify that the information

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05 305-885-636