2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000035472

1. Entity Name
BEST WESTCHESTER MOVERS, INC.

Principal Place of Business	Mailing Address
2030 S.W. 100TH AVENUE MIAMI, FL 33165	2030 S.W. 100TH AVENUE MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

03292005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0666689	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, HEIDI M ESQ.
2600 DOUGLAS RD.
S501
CORAL GABLES, FL 33134

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IN THIS SPACE

8. 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

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIAZ, JOSE L
STREET ADDRESS	2030 S.W. 100TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33165

JI00000297700
04/11/05-80040-003 150.00

TITLE	D
NAME	DIAZ, ISIS J
STREET ADDRESS	2030 S.W. 100TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33165

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Isis Diaz_   4/8/05   305-552-7072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #