


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90053 031 ***150.00

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| DOCUMENT # P96000063423 | |  | |
| 1. Entity Name BETTER AMERICA, CORP. | | | |
| Principal Place of Business 5500 NE MIAMI CT MIAMI FL 33137 300 NW 146 ST MIAMI - FL 33168 | | Mailing Address P O BOX 143579 CORAL GABLES FL 33114 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GOMEZ, CLARA 5500 NE MIAMI CT MIAMI FL 33137 300 NW 146 ST MIAMI - FL 33168 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GOMEZ, CLARA 5500 NE MIAMI CT MIAMI FL 33137 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GOMEZ, CLARA 300 NW 146 ST MIAMI - FL 33168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP GOMEZ, ALEJANDRO P. 105 SW 20TH ROAD MIAMI FL 33129 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP GOMEZ ALEJANDRO P 300 NW 146 ST MIAMI - FL 33168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employment.

SIGNATURE:

[Signature] PD

1/31/07 305-588-2046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #