

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000064139

FILED
Apr 03, 2009
Secretary of State

Entity Name: BEST FLORIDA RESORT MOTEL, INC.

Current Principal Place of Business:

4628 NORTH OCEAN DRIVE
LAUDERDALE BY THE SEA, FL 33308

New Principal Place of Business:

Current Mailing Address:

4628 NORTH OCEAN DRIVE
LAUDERDALE BY THE SEA, FL 33308

New Mailing Address:

FEI Number: 65-0689656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, THOMAS M ESQ.
2400 E. COMMECIAL BLVD.
#820
FT. LAUDERDALE, FL 33308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JURCZAK, TOMASZ
Address: 4628 N OCEAN DR
City-St-Zip: LBTS, FL

Title: D () Delete
Name: JURCZAK, BOZENA
Address: 4628 N OCEAN DR
City-St-Zip: LBTS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JURCZAK, BOZENA
Address: 4628 N OCEAN DR
City-St-Zip: LBTS, FL

Title: D (X) Change () Addition
Name: JURCZAK, TOMASZ
Address: 4628 N OCEAN DR
City-St-Zip: LBTS, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BOZENA JURCZAK

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date