


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90053 038 ***150.00

DOCUMENT # P97000002630	
1. Entity Name BEST SIGNS, INC.	

Principal Place of Business (7132 SW 47TH ST.) 4679 SW 72 Ave. MIAMI, FL 33155	Mailing Address (7132 SW 47TH ST.) 4679 SW 72 Ave. MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE

40001537

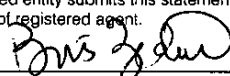


01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0725646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZEDAN, BORIS (7132 SW 47TH ST.) 4679 SW 72 Ave MIAMI, FL 33155

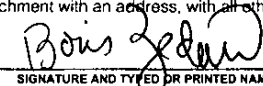
**DO NOT WRITE
IN THIS SPACE**

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  Boris Zedan	1/03/07	(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ZEDAN, BORIS (7132 SW 47TH ST.) 4679 SW 72 Ave MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ZEDAN, ESTUARDO (7132 SW 47TH ST.) 4679 SW 72 Ave MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	1/3/07	3056630244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #