

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90062 020 ***150.00

DOCUMENT # P97000003312

1. Entity Name
BEST ACCOUNTING & TAX SERVICE, INC.



Principal Place of Business

2544 NW 7TH ST
MIAMI, FL 33125

Mailing Address

2544 NW 7TH ST
MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE



02142004

000000

000000000000

4. FEI Number
65-0718525

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 00000000
0000000000

6. Name and Address of Current Registered Agent

GARCIA, MYRA
2544 NW 7TH ST
MIAMI, FL 33125

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 000000
0000000000

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	GARCIA, MYRA
STREET ADDRESS	3228 NE 169TH ST
CITY-ST-ZIP	N MIAMI, FL 33160
TITLE	VP
NAME	GARCIA, ELDA M
STREET ADDRESS	3228 NE 169TH ST
CITY-ST-ZIP	N MIAMI BCH, FL 33160
TITLE	T
NAME	GARCIA, JUAN F
STREET ADDRESS	3228 NE 169TH ST
CITY-ST-ZIP	N MIAMI BCH, FL 33160
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #