

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

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**



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0718525

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C. 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000689112
04/11/07-80024-004 150.00

10. OFFICERS AND DIRECTORS

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

Uldan Garcia

3-29-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #