

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 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



01212008 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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UP00000850835
03/25/08-80014-012 150.00

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:

Elda M Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/08

Daytime Phone #