


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000007604		
1. Entity Name BESTHEALTH OF POMPANO, INC.		
Principal Place of Business 553 EAST SAMPLE ROAD POMPANO BEACH, FL 33064	Mailing Address 553 EAST SAMPLE ROAD POMPANO BEACH, FL 33064	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BECK, MARIANNE 553 E. SAMPLE ROAD POMPANO BEACH, FL 33064		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECK, MARIANNE 553 E. SAMPLE ROAD POMPANO BEACH, FL 33064	DO NOT WRITE IN THIS SPACE
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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: <u>Marianne Beck / MARIANNE BECK</u>		4/10/06 954-782-4855
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0724083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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