


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000066886 1. Entity Name BEST ANSWERING & COMMUNICATIONS INCORPORATED	
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Principal Place of Business 4051 EAST 8TH AVENUE SUITE #5 HIALEAH, FL 33013 US	Mailing Address P.O. BOX 821498 SOUTH FLORIDA, FL 33082-1498 US
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0771676	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CAMACHO, ANA MARIA
9192 CORAL WAY
SUITE 201
MIAMI, FL 33165**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	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	PD MARTINEZ, EDUARDO G 4051 EAST 8TH AVENUE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENA-MARTINEZ, VIVIAN 4051 EAST 8TH AVENUE HIALEAH, FL 33013
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04/09/05-80013-013 150.00

**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 40 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vivian Pena Martinez TREASURER 4/7/05 693-6252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #