## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCU	MENT	#P9	70000°	92747
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1. Entity Name

BEST INVESTMENT INC.



Principal Place of Business

3021 SW 130TH AVE MIAMI, FL 33175 US

Mailing Address

3021 SW 130TH AVE MIAMI, FL 33175 US



DO NOT WRITE IN THIS SPACE

01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0797596

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENA, ADELKY 3021 SW 130TH AVENUE MIAMI, FL 33175

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registe	red office or	egistered agent, or bo	th, in the State of Florida. I am familiar with	, and accer
SIGNATURE_	Signature, typed or printed name of registered agent and title is	if applicable. (NOTE: Register	ed Agent signatur	a required when reinstating)	DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	incing	\$5.00 May Be Added to Fees	000000596842 01/24/07-80011-024 19	50.00
10.	OFFICERS AND DIREC	CTORS	ľ			
TITLE Name Street address City-St-Zip	PD PENA, ADELKY 3021SW 130TH AVENUE MIAMI, FL 33175		,			
ITLE IAME TREET ADORESS HTY-ST-ZIP	SD PENA, PASCUAL J 3021 SW 130TH AVENUE MIAMI, FL 33175		, .			
ITLE IAME TREET ADDRESS HTY+ST-ZIP				DO	NOT WRITE	
itle Ame Treet address Ity-St-Zip				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		*	1		, .	

12. I hereby certify that the information supplied with this filling 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 affect 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:

NAME STREET ADDRESS CITY-ST-ZIP

HORE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 (305)525-8227