

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90425 001 \*\*\*150.00  
 04-19-2004 90425 002 \*\*\*\*\*8.75

DOCUMENT # P98000012180  
 1. Entity Name  
 WALTHER THE BEST MOVING INC.



Principal Place of Business  
~~3140 NW 88TH AVE~~  
~~SUNRISE, FL 33351~~

Mailing Address  
~~3140 NW 88TH AVE~~  
~~SUNRISE, FL 33351~~

**SUNRISE, FL 33322**  
**66412418**



04102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0823388 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~AGUIRRE WALTHER H~~  
~~3140 NW 88TH AVE~~  
~~SUNRISE, FL 33351~~

**WALTHER HUGO AGUIRRE**  
**2340 N.W. 98 LANE**  
**SUNRISE, FL 33322**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AGUIRRE, WALTHER H
STREET ADDRESS	3140 NW 88TH AVE
CITY- ST- ZIP	SUNRISE, FL 33351
TITLE	ST
NAME	AGUIRRE, JACINTO A
STREET ADDRESS	3140 NW 88TH AVE
CITY- ST- ZIP	SUNRISE, FL 33351
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Hugo Aguirre 04-14-2004 (954) 829-6916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #