


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90072 018 ***150.00

DOCUMENT # P98000015708	
1. Entity Name BEST HOME SERVICES, INC.	

Principal Place of Business 18323 NW 68 AVE MIAMI, FL 33015	Mailing Address 18323 NW 68 AVE MIAMI, FL 33015
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50015083



2. Principal Place of Business 4295 NW 167 Street	3. Mailing Address 4295 NW 167 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

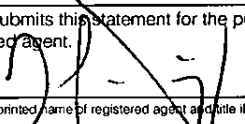
City & State Miami FL	City & State Miami FL
Zip 33055	Country USA

4. FEI Number 65-0814494	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent SUAREZ, FENANDO 18323 NW 68 AVE MIAMI, FL 33015	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name SUAREZ FERNANDO	
Street Address (P.O. Box Number is Not Acceptable) 4295 NW 167 Street	
City Miami	FL Zip Code 33055

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 02/09/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	<input type="checkbox"/> Delete D SUAREZ, FERNANDO 18323 NW 68 AVE MIAMI, FL 33015

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/M SUAREZ FERNANDO 4295 NW 167 Street MIAMI FL 33055

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.	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.09.05

Date

3055564774

Daytime Phone #