2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

- ANNUAL REPORT (AR) -**FILED** Feb 08, 2008 08:00 AN Secretary of State DOCUMENT # P98000027417 1. Entity Name BEST STOP REALTY, INC. Principal Place of Business Mailing Address 8516 OLD WINTER GARDEN ROAD 8516 OLD WINTER GARDEN ROAD ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number City & State City & State Applied For 59-3500716 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TARANTO, FRANCISCO J.N. Street Address (P.O. Box Number is Not Acceptable) 8516 OLD WINTER GARDEN ROAD, STE. 200 ORLANDO FL 32835 City Zip Code 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 Synctore, typed or through earning separation muent and the Tampicatio. (NOTE Registered Agent singston required when remetation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITL F ☐ Change Delete Addition UAAAAAA21227 NAME TARANTO, FRANCISCO J.N. NAME 02/ĬŸŸŎŸŦŸŎŎĬĠ∸O12 150.**00** STREET ADDRESS 8516 OLD WINTER GARDEN ROAD, STE. 200 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Da ete TILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZP CITY - ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete ☐ Change TITLE ☐ Addition MAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee improvered 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:

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08 407-9

Daytine Enorg