

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90017 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000051595

1. Corporation Name
BEST BACKHOE SERVICES, INC.



Principal Place of Business
7701 W 18 LANE
MIAMI LAKES FL 33014

Mailing Address
7701 W 18 LANE
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1998

4. FEI Number
65-0841773
Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 10060 Sheridan St.
Suite, Apt. #, etc.
22 #109
City & State
23 Pembroke Pines, FL
Zip Country
24 33024 25 USA
2a. Mailing Address
26 10060 Sheridan St.
Suite, Apt. #, etc.
27 #109
City & State
28 Pembroke Pines, FL
Zip Country
29 33024 30 USA

9. Name and Address of Current Registered Agent

ZERO, SHAWN R
7701 W 18 LANE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name
Zero, Shawn R.
82 Street Address (P.O. Box Number is Not Acceptable)
10060 Sheridan St.
83 #109
84 City
Pembroke Pines FL 85 Zip Code
33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Shawn Zero Shawn Zero (President) 4/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERO, SHAWN R	1.2 NAME	Shawn R. Zero
STREET ADDRESS	7701 W 18 LANE	1.3 STREET ADDRESS	10060 Sheridan St., #109
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRECO, DANIELLE	2.2 NAME	Danielle Zero
STREET ADDRESS	7701 W 18 LANE	2.3 STREET ADDRESS	10060 Sheridan St., #109
CITY-ST-ZIP	MIAMI LAKES FL 33014	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shawn Zero Shawn Zero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

954-436-8848
Daytime Phone #

CR2E034 (11/98)