## 2007 FOR PROFIT CORPORATION - "ANNUAL REPORT

DOCUMENT # P98000093149 1. Entity Name BEST-TECH, INC.

Principal Place of Business

4800 SW 93 COURT MIAMI, FL 33165

Mailing Address

4800 SW 93 COURT MIAMI, FL 33165

## **FILED** Feb 01, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

(	ANIN' ANIE MARI MARI M	#1(( #8)(# 18198 SHB) HB) #2(8 18)(88) (I	
01262007	No Chg-P	CR2E034 (11/05)	

4. FEI Number		Applied For
65-0877670		Not Applicable
5. Certificate of Status Desired	\$8.7	5 Additional

Fee Required

WATSON, DONALD A 4800 SW 93 COURT MIAMI, FL 33165

## DO NOT WRITE IN THIS SPACE

		1			
	named entity submits this statement for the prions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
	Signature typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOWI!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY+ST+ZIP	P WATSON, DONALD A 4800 SW 93 CT MIAMI, FL 33165	,			000000615550 02/06/07-80075-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:			GE1 001 01 000 0E1 100100
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					• • •
NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby c	ertify that the information supplied with this fill on this report or supplemental report is true at	ing does not qualify for the exer	nptions con	tained in Chapter 119	), Florida Statutes. I further certify that the information

of the corporation of 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:\		and de	<u> C</u>	2		אעי	<i>ب</i> ر	DONA.			
_	SIG	NATURE AND	Ч	PÉD	OR PR	INTED N	IAME OF	SIGNING OFFI	CER C	R DIF	ECTOR

ATSON OWNER 1/30/07

Date

305-274-0964

Daytime Phone #