2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2008 08:00 AN Secretary of State **DOCUMENT # P98000093149** 1. Entity Name BEST-TECH, INC Principal Place of Business 4800 SW 93 COURT 4800 SW 93 COURT MIAMI, FL 33165 MIAMI, FL 33165 01282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0877670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATSON, DONALD A DO NOT WRITE 4800 SW 93 COURT MIAMI, FL 33165 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WATSON, DONALD A NAME 4800 SW 93 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME *U00000808295* STREET ADORESS 02/07/08-80043-008 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FICER OR DIRECTOR

Daytime Phone #

FILED