2005 FOR PROFIT CORPORATION

FILED Feb 18. 2005 08:00 AM

	ANNUAL	KEPUKI		, ,			00.007
1. Entity Ner	JMENT # P980001069 S BEST MORTGAGE, INC.			Sec	eretary	of State	
l -	ce of Business THWEST 36TH STREET 33142	Mailing Address 3518 NORTHWEST 36TH STRI MIAMI, FL 33142	RTHWEST 36TH STREET)
	OO NOT WRITE		CE	02152005 4. FEI Number 65-08835 5. Certificate of S		CR2E034 (1	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	6. Name and Address of Current Re	gistered Agent		-			
CARPIO, 1 3518 NOF MIAMI, FL	RTHWEST 36TH STREET	-			IOT W		
8. The above the obliga	a named entity submits this statement for the tions of registered agent.	ie purpose of changing its register	ed office or register	ed agent, or both, in	the State of Flor	ida. I am familia	r with, and accept
SIGNATURE.			<u> </u>				•
	Signature, typed or printed name of registered agent and	tille if applicable. (NOTE Registere	d Agent signature required	vihon reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	a		00 May Be ed to Fees			
10.	OFFICERS AND DIF	ŁECTORS	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPIO, IDĀNIA 3518 NORTHWEST Š6TH STREET MIAMI, FL 33142				Lineance	t JPR PART of JPR STATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u>.</u>	11000002 2718705-6 -	(35197 30052-004	158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	-	DO N	OT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			 	IN Th	IIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· -				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							į

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.

SIGNATURE: __

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

00-16-05 305-635-7600 Date Dayline Phono #