


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90196 048 ***150.00

DOCUMENT # V65956 1. Entity Name BEST FOR LESS AUTO SERVICE, INC.	
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Principal Place of Business 631 WEST 27TH STREET HIALEAH, FL 33010	Mailing Address 631 WEST 27TH STREET HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE

40000000



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0366849	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PUERTO, TOMAS
7060 WEST 2 COURT
HIALEAH, FL 33014

**DO NOT WRITE
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) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PUERTO, TOMAS 7060 WEST 2 COURT HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SANCHEZ, LYDIA 7532 W 20 AVENUE #104 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PUERTO, ILIANA 7060 WEST 2 COURT HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: Iliana Puerto 01/28/05 305-885-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #