

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000074600

**Entity Name:** BEST MANAGEMENT GROUP SERVICER, INC.

**Current Principal Place of Business:**

6625 MIAMI LAKES DRIVE  
#348  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

8004 NW 154 STREET  
#581  
MIAMI LAKES, FL 33016 US

**FEI Number:** 38-3849952

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANCHEZ, JHON  
6625 MIAMI LAKES DRIVE  
#348  
MIAMI LAKES, FL 33014 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ARMENTA DE LEON, ASTRID  
Address 8004 NW 154 STREET #581  
City-State-Zip: MIAMI LAKES FL 33016  
  
Title ASST. SECRETARY, DIRECTOR  
Name ARMENTA DE LEON, ASTRID SOFIA  
Address 8004 NW 154 STREET #581  
City-State-Zip: MIAMI LAKES FL 33016

Title VP  
Name ARMENTA DE LEON, JORGE  
RODOLFO  
Address 8004 NW 154 STREET #581  
City-State-Zip: MIAMI LAKES FL 33016

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ASTRID ARMENTA DE LEON

**PRESIDENT**

**03/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date