

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000022019

**Entity Name:** BEST MADE ENTERPRISES, INC.**Current Principal Place of Business:**4133 CAUSEWAY BLVD  
TAMPA, FL 33619**Current Mailing Address:**4133 CAUSEWAY BLVD  
TAMPA, FL 33619 US**FEI Number:** 59-3498525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORES, KAREN D  
4133 CAUSEWAY BLVD  
TAMPA, FL 33619 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:** KAREN D. FLORES

01/28/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FLORES, PABLO A  
Address 4133 CAUSEWAY BLVD  
City-State-Zip: TAMPA FL 33619

Title TS  
Name FLORES, KAREN D  
Address 4133 CAUSEWAY BLVD  
City-State-Zip: TAMPA FL 33619

Title SALES MANAGER  
Name FLORES, PABLO A II  
Address 4133 CAUSEWAY BLVD  
City-State-Zip: TAMPA FL 33619

Title SHOP SUPERVISOR  
Name IZQUIERDO, ROLANDO  
Address 4133 CAUSEWAY BLVD  
City-State-Zip: TAMPA FL 33619

Title QUALITY CONTROL MANAGER  
Name FLORES, PAUL A  
Address 4133 CAUSEWAY BLVD  
City-State-Zip: TAMPA FL 33619

*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:** KAREN D FLORES**SECRETARY/TREASURER** 01/28/2022

Electronic Signature of Signing Officer/Director Detail

Date