

**2020 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

01/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	TS
Name	FLORES, PABLO A	Name	FLORES, KAREN D
Address	4133 CAUSEWAY BLVD	Address	4133 CAUSEWAY BLVD
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619
Title	SALES MANAGER	Title	SHOP SUPERVISOR
Name	FLORES, PABLO A II	Name	IZQUIERDO, ROLANDO
Address	4133 CAUSEWAY BLVD	Address	4133 CAUSEWAY BLVD
City-State-Zip:	TAMPA FL 33619	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** 01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date