

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P37341

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC2021853060**

**Entity Name:** BEST BUDDIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

100 SE 2ND STREET  
SUITE 2200  
MIAMI, FL 33131

**Current Mailing Address:**

100 SE 2ND STREET  
SUITE 2200  
MIAMI, FL 33131 US

**FEI Number:** 52-1614576

**Certificate of Status Desired:** Yes

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

SHRIVER, ANTHONY K  
100 SE 2ND STREET  
SUITE 2200  
MIAMI, FL 33131 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 VP  
Name MILLER, JEN VP, FIN  
Address 100 SE 2ND STREET SUITE 2200  
City-State-Zip: MIAMI FL 33131

Title PD  
Name SHRIVER, ANTHONY K  
Address 100 SE 2ND STREET, SUITE 2200  
City-State-Zip: MIAMI FL 33131

Title S  
Name FRIEDMAN, ROBERT J  
Address 701 BRICKELL AVE STE 3000  
City-State-Zip: MIAMI FL 33131

Title T  
Name KLINGMAN, GERARD A  
Address 405 LEXINGTON AVE, 24TH FLR  
City-State-Zip: NEW YORK NY 10174

Title D  
Name BOOK, RONALD L  
Address 2999 NE 191 ST, STE 409  
City-State-Zip: AVENTURA FL 33180

Title D  
Name HERNANDEZ-DESSAUER,  
ALEXANDER  
Address 100 SE 2 ST., SUITE 2200  
City-State-Zip: MIAMI FL 33131

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEN MILLER

**VP FINANCE &  
OPERATIONS**

**04/22/2014**

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

\_\_\_\_\_  
Date