


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90303 043 \*\*\*158.75

<b>DOCUMENT # F03000004892</b> 1. Entity Name <b>B2B ADVANTAGE, INC.</b>					
Principal Place of Business <b>11900 BISCAYNE BLVD., #700 MIAMI, FL 33181</b>			Mailing Address <b>11900 BISCAYNE BLVD., #700 MIAMI, FL 33181</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>74-3067927</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GAMBONE, DEBORAH 11900 BISCAYNE BLVD., #700 MIAMI, FL 33181</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				<b>FL</b> Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RHODES, WILLIAM D. JR.</b> <b>11900 BISCAYNE BLVD., #262</b> <b>MIAMI, FL 33181</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>RHODES, WILLIAM D. JR.</b> <b>11900 BISCAYNE BLVD. #700</b> <b>MIAMI, FL 33181</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GAMBONE, DEBORAH</b> <b>11900 BISCAYNE BLVD., #262</b> <b>MIAMI, FL 33181</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GAMBONE, DEBORAH</b> <b>11900 BISCAYNE BLVD. #700</b> <b>MIAMI, FL 33181</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>BERMAN, HOWARD</b> <b>11900 BISCAYNE BLVD STE 262</b> <b>MIAMI, FL 33181</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>BERMAN, HOWARD</b> <b>11900 BISCAYNE BLVD. #700</b> <b>MIAMI, FL 33181</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Deborah Gambone</i> DEBORAH GAMBONE, SECRETARY 3/28/05 305-503-8600</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50042407**



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