


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90557 004 ****70.00

DOCUMENT # N94000001755	
1. Entity Name BEST BUDDIES JOBS, INC.	

Principal Place of Business 100 S.E. 2ND STREET, STE. 1900 SUITE 1990 MIAMI, FL 33131 US	Mailing Address 100 S.E. 2ND STREET, STE. 1900 SUITE 1990 MIAMI, FL 33131 US
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20035912



2. Principal Place of Business 100 SE 2ND ST	3. Mailing Address 100 SE 2ND ST
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Suite, Apt. #, etc. Suite 2200	Suite, Apt. #, etc. Suite 2200
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03292005 Chg-NP CR2E037 (10/03)

City & State MIAMI, FL	City & State MIAMI, FL
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4. FEI Number 65-0477570	Applied For <input type="checkbox"/> Not Applicable
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Zip 33131	Country USA	Zip 33131	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SHRIVER, ANTHONY K 100 S.E. 2ND STREET, SUITE 1990 MIAMI, FL 33131	Name SAMR Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND ST Suite 2200 City Miami FL Zip Code 33131
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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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHRIVER, ANTHONY K 100 S.E. 2ND STREET, STE. 1990 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 SE 2ND ST STE 2200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHRIVER, ALINA 100 S.E. 2ND STREET, SUITE 1990 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 SE 2ND ST STE 2200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIEDMAN, ROBERT J 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDMAN, MICHAEL 1705 E. CAMPUS CENTER DR. RD 225 SALT LAKE CITY, UT 84112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIYARES, ANA MARIA 7930 SW 131 AVE MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. NUELL, LAURIE 5501 SW SNAPPER CREEK ROAD MIAMI, FL 33156 <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 617, 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.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date (305) 374-2233
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