

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90412 034 ***150.00

DOCUMENT # P01000032789

1. Entity Name

BEST IDEA, INC.



Principal Place of Business

**386 NE 191 STREET
MIAMI FL 33179**

Mailing Address

**PO BOX 471
BOCA RATON FL 33429**

2. Principal Place of Business

Best Idea, Inc.

Suite, Apt. #, etc.

P.O. Box 471

City & State

Boca Raton, FL

Zip

33429

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33429

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-1085852

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RETAMAR LAW FIRM PA
823 E. HILLSBORO BLVD.
PO BOX 973
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BARON, LORI**
STREET ADDRESS **19512 PRESERVE DR**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **T** ☐ Delete
NAME **DIMKE, KERRI**
STREET ADDRESS **180 NE WAVE CREST WAY**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VP** ☐ Delete
NAME **WRIGHT, WENDY**
STREET ADDRESS **5900 E. GRAND DUKE CIRCLE**
CITY-ST-ZIP **TAMARA FL 33321**

TITLE **S** ☐ Delete
NAME **RETAMAR, SUSAN**
STREET ADDRESS **345 NE OLIVE ST. Way**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Linda Bloom**
STREET ADDRESS **11 Croydon Court**
CITY-ST-ZIP **Dix Hills, New York 11746**

TITLE **T.D** ☒ Change ☐ Addition
NAME **Kerri Dimke**
STREET ADDRESS **180 NE WAVECREST WAY**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Wendy Wright**
STREET ADDRESS **3125 SW Citrus Isle**
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE **D** ☐ Change ☒ Addition
NAME **Susan Francis**
STREET ADDRESS **7549 Downwinds Lane**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **D** ☐ Change ☒ Addition
NAME **Carol Rauscher**
STREET ADDRESS **2510 Falcon Drive**
CITY-ST-ZIP **Longmont, CO 80503**

TITLE **D** ☐ Change ☒ Addition
NAME **Debra Thompson**
STREET ADDRESS **60 East 14 Street**
CITY-ST-ZIP **Hialeah, FL 33010**

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.

SIGNATURE:

Susan Retamar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2004

Date

561-368-5552