

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016957

FILED
Apr 24, 2005
Secretary of State

Entity Name: BEST MOVE, INC.

Current Principal Place of Business:

13833 NW 19TH AVE
MIAMI, FL 33054

New Principal Place of Business:

2058 SW BEARD ST
PORT ST. LUCIE, FL 34953

Current Mailing Address:

PO BOX 8090
PORT SAINT LUCIE, FL 349858090

New Mailing Address:

FEI Number: 03-0402650 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ORKABI, EYAL
Address: 13833 NW 19TH AVE
City-St-Zip: MIAMI, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ORKABI, EYAL
Address: 2058 SW BEARD ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EYAL ORKABI

PD

04/24/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date