2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 31, 2005 8:00 am Secretary of State

DOCUMENT # P02000042617 1. Entity Name BEST BUY INTERNATIONAL TRADING, INC.						05-31-2005 90009 021 ***150.00				
Principal Place 3800 No 19 AVENTURA, F	1 <i>SI</i> 2712/3BLI	5 08:24:4549 01 10-14 #110 3323	Mailing Address 3800 MD1918DST, BLOB 22#30337 AVENTURA, PL 38160 16 10 NW 128 Dr B-14 AP11 SUNY138 1 FC 33323							
2. Principal P	lace of Busin	ククスク ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State		4. FEI Numb			<u> </u>	pplied For	
Zip		Country Zip Cou		Cour	ntry	5. Certificate of Status Desired Sa.75 Additional Fee Required				
6. Name and Address of Current R			egistered Agent			7. Name and Address of New Registered Agent				
			Name							
TAL, EREZ 3300 NE 193STST BLDG 2, #1803 AVENTURA, PL 33180					Street Address (P.O. Box Number is Not Acceptable)					· · · · · · · · · · · · · · · · · · ·
1610 NW 12801 # 110 10-14. SUMBIR, FE 30323						,				
Sunai	æ, fl	30323		City			FL	Zip Code	e	
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 eignature required when reinstating) DATE										
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FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					\$ IN 11
TITLE	D		☐ Delete TITLE		E				Change	Addition
NAME TAL, EREZ				NAME						
STREET ADDRESS 3380 ISE 1918 T.S.P., BED 0:2 #1017 CITY-ST-21P AVENTURA, FL 33180					EET ADDRESS '- ST-ZIP					
TITLE	TIME 1610 NW 128 DI 614 # 110 Delete TIM								☐ Change	☐ Addition
NAME SUNISE, HE 33323			NAME		l l					
STREET ADDRESS CITY-ST-ZIP	.				EET ADDRESS '- ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	☐ Addition
NAME			—	NAM	- I				·	
STREET ADDRESS					EET AODRESS					
CITY-ST-ZIP				_	'-ST-ZIP					
TITLE NAME			☐ Delete	TITLI NAM	I				☐ Change	☐ Addition
STREET ADDRESS					EET ADDRESS					
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TITLE			☐ Delete	TITU					☐ Change	Addition
NAME				NAM	l				-	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
	artifu that th	o information cumplied with	this filing does not avoilé. In			otion 110 07/0\	(i) Florido Ctatuta - 1	l fresher as a	fiction #== '	
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										