

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90072 014 ***150.00

DOCUMENT # P02000042617 1. Entity Name BEST BUY INTERNATIONAL TRADING, INC.					
Principal Place of Business 1610 NW 128 DRIVE B-14 # 110 SUNRISE, FL 33323			Mailing Address 1610 NW 128 DRIVE B-14 # 110 SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box # 1876 N. University Dr		3. Mailing Address 1540 NW 128 Dr			
Suite, Apt. #, etc. 101 U		Suite, Apt. #, etc. 108			
City & State SUNRISE, FL		City & State SUNRISE, FL			
Zip 33322		Country USA		Zip 33323	
Country USA		4. FEI Number 02-0589218			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TAL, EREZ — 1610 NW 128 DRIVE # 110 B-14 SUNRISE, FL 33323			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAL, EREZ 1610 NW 128 DRIVE B-14 # 110 SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>EPER TAL</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>1/4/08</i></u> <small>Date</small>		
Daytime Phone # _____			_____		