FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91896 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000042 1. Entity Name BEST BUY INTERNATIONAL TRAD			
Principal Place of Business 3300 NE 191ST ST., BLDG. 2, #1555 0/7 AVENTURA, FL 33180	Mailing Address 3300 NE 1915T ST., BI AVENTURA, FL 33180	LDG. 2, # 1017	11041834
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & State	City & State		4. FEI Number
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
TAL, EREZ ,3300 NE 191ST ST., BLDG. 2, ≇1603 ,AVENTURA, FL 33180		Street Address	(P.O. Box Number is Not Acceptable)
Ĩ		City	FL Zip Code
FILE NOWII) - FEE'IS: \$150.00 After May 1, 2003 Fee Will be \$550.0 Make Check Payable to Florida Departmen	10	TE: Regisioned Agentsignature πειμίπ	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10OFFICERS AN	D DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D TAL, EREZ STREET ADDRESS 3300 NE 191ST ST., BLDG. 2, CITY-ST-ZP AVENTURA, FL 33180	□ Delete #1898 0 7	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition Ÿ
TITLE NAME STREET ADDRESS CITY-ST-2P	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	□ Deleie	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition
11ILE NAME STREET ADDRESS CIBY-ST-2P	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-21P	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an address SIGNATURE:	t is true and accurate and that powered to execute this repor	my signature shall have the 1 as required by Chapter 60 d.	Section 119.07(3)(i), Fiorida Statutes. I further certify that the information as ame legal effect as if made under oath; that I am an officer or director 37, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if