2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P03000015225

Entity Name: THE BEST FRIENDS SERVICES INC.

Current Principal Place of Business:

907 SW 15TH STREET
SUITE 407
POMPANO BEACH, FL 33060

New Principal Place of Business:

5221 NE 19TH AVENUE
POMPANO BEACH, FL 33064

Current Mailing Address:

907 SW 15TH STREET
SUITE 407
POMPANO BEACH, FL 33060

New Mailing Address:

5221 NE 19TH AVENUE
POMPANO BEACH, FL 33064

FEI Number: 81-0595420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE ROAD
POMPANO BEACH, FL 33064 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: PD ( ) Delete
Name: ROCHA, LUZIA J
Address: 907 SW 15TH STREET, SUITE 407
City-St-Zip: POMPANO BEACH, FL 33060

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MACHADO, WILLIAM P
Address: 5221 NE 19TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD ( ) Change (X) Addition
Name: ROCHA, LUZIA J
Address: 5221 NE 19TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

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: WILLIAM P. MACHADO PD 04/14/2005

Electronic Signature of Signing Officer or Director — Date