

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-18-2005 90061 021 ***150.00

DOCUMENT # P03000114134 1. Entity Name BEST BUY HOMES & INVESTMENTS, INC.			
Principal Place of Business 2499 Glades Rd		Mailing Address 2499 Glades Rd	
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc. Suite 110	
City & State Boca Raton, FL.		City & State Boca Raton, FL.	
Zip 33431	Country	Zip 33431	Country
4. FEI Number 20-0315732		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name Brenda-Cox		Name Brenda-Cox	
Street Address (P.O. Box Number is Not Acceptable) 2499 Glades Rd Suite 110		Street Address (P.O. Box Number is Not Acceptable) 2499 Glades Rd Suite 110	
City Boca Raton		City Boca Raton	
State FL		State FL	
Zip Code 33431		Zip Code 33431	
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: <i>Brenda Cox</i>		DATE: 2/12/05	
(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" 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 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Lix [Signature]</i>		DATE: 2/12/05 754-244-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	