

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082236

Entity Name: BEST NURSE REGISTRY, INC.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

2901 FIORE WAY
203C
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

2901 FIORE WAY
203C
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 75-3157604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLVEREA, MIHAELA R PRESIDE
2901 FIORE WAY
203C
DELRAY BEACH, FL 33445 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: PRES () Delete
Name: POLVEREA, MIHAELA R PRESIDE
Address: 2901 FIORE WAY #203C
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POLVEREA, MIHAELA R PRESIDE
Address: 2901 FIORE WAY
City-St-Zip: DELRAY BEACH, FL 33445 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MIHAELA R. POLVEREA

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date