2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State
05-19-2005 90046 035 ****70.00

DOCUMENT # P37341

1. Entity Name
BEST BUDDIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
100 SE 2ND STREET SUITE 1990 MIAMI, FL 33131 US	100 SE 2ND STREET SUITE 1990 MIAMI, FL 33131

05122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
100 SE 2ND ST	100 SE 2ND ST
Suite, Apt. #, etc.: 2200	Suite, Apt. #, etc.: 2200
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 52-1614576 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHRIVER, ANTHONY
100 SE 2ND STREET
SUITE 1990
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 100 SE 2ND ST STE 2200
City: MIAMI **FL** Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANK, BRAD 70 FRANKLIN ST, 7TH FLR BOSTON, MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHRIVER, ANTHONY K 100 SE 2ND STREET, SUITE 1990 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 100 SE 2ND ST STE 2200 MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRIEDMAN, ROBERT J 701 BBRICKELL AVE STE 3000 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHRIVER, EUNICE K 1325 G STREET, SUITE 500 WASHINGTON, DC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLINGMAN, GERARD A 405 LEXINGTON AVE, 24TH FLR NEW YORK, NY 10174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOOK, RONALD L 2999 NE 191 ST, STE 409 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: _____ 5/13/05 (305)374-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #