## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT		
DOCUMENT # P9400051911  1. Entity Name BESTEST FRIENDS TOO, INC.	FILED 04 SEP 10 P	N 2: 05
Principal Place of Business Mailing Address 630 W. SAMPLE ROAD POMPANO BEACH, FL 33064 L H P, FL 33074 US	SECRETARY OF TALLAHASSEL.	STATE FLORIDA
DO NOT WRITE IN THIS SP	07152004 No Chg-P  4. FEI Number 65-6149064  5. Certificate of Status Desired	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  SMITH, RANDY 630 W SAMPLE RD POMPANO BEACH, FL 33064  DO NOT WRITE IN THIS SPACE		
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 Registered Agent signature required when reinstating)  DATE  ONTE: Registered Agent signature required when reinstating)		
FILE NOWI!! FEE IS \$550.00  Due by September 8, 2004  10.  OFFICERS AND DIRECTORS  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
TITLE P NAME SMITH, RANDY S STRIET ADDRESS 630 W SAMPLE RD CITY-ST-ZIP POMPANO BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800/041 09/14/040109	069958 6019 **558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT.W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 specute 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 impowered.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dates Design Design Prior 6 8		