


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90084 035 \*\*\*150.00

**DOCUMENT # P95000096690**  
1. Entity Name  
**CLASSIFIED BETTER BUSINESS NET, INC.**



Principal Place of Business  
**10619 WEST ATLANTIC BLVD  
#311  
CORAL SPRINGS, FL 33071 US**

Mailing Address  
**10619 WEST ATLANTIC BLVD  
#311  
CORAL SPRINGS, FL 33071 US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-0640105**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**WEITZNER, CHRISTINE  
10619 W ATLANTIC BLVD  
#311  
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. I, the undersigned, being the registered agent, do hereby certify that I am a resident of the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christine Weitzner* DATE **1/27/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>P</b> <b>WEITZNER, CHRISTINE</b> <b>10619 W ATLANTIC BLVD., #311</b> <b>CORAL SPRINGS, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. changed, or on an attachment with an address, with all other like empowered.

i), Florida Statutes. I further certify that the information if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if

SIGNATURE: *Christine Weitzner* (CHRISTINE WEITZNER) DATE **1/27/05** DAYTIME PHONE # **954-970-9992**