


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

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 familiar with the contents of the foregoing and that I am familiar with, and accept the obligations of registered agent. in the State of Florida. I am familiar with, and accept

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEITZNER, CHRISTINE 10619 W ATLANTIC BLVD., #311 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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** 954-970-9992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR