


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-09-2004 90003 026 ***150.00
07-28-2004 90022 023 ***400.00

DOCUMENT # P96000034100
1. Entity Name ACRUISE Best Buy Inc



DO NOT WRITE IN THIS SPACE

44050228

2. Principal Place of Business 2530 SW 87th Ave D Rm
Suite, Apt. #, etc. D
City & State Miami, FL
Zip 33165 Country Dade

3. Mailing Address Same
Suite, Apt. #, etc. FLORIDA
City & State Miami, FL
Zip 33165 Country Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0748370
Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name LEROY ALMÉRICO
Street Address (P.O. Box Number is Not Acceptable) 9264 SW 21st
City Miami FL Zip Code 33165

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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	<u>Leroy ALMÉRICO</u> <u>President</u> <u>9264 SW 21st</u> <u>Miami, FL 33165</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 7/6/04 Daytime Phone # 305 551 8655

CR2E034B (12/02)