


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000067185		
1. Entity Name BEST SUNBELT BUSINESS BROKERS, INC.		

Principal Place of Business 3501 W VINE STREET STE 310 KISSIMMEE, FL 34741	Mailing Address 860 EAST SEMORAN BOULEVARD CASSELBERRY, FL 32707
---	--

2. Principal Place of Business	3. Mailing Address 3501 W. Vine St.,
--------------------------------	---

Suite, Apt. #, etc.	Suite, Apt. #, etc. 301
---------------------	----------------------------

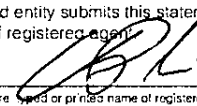
City & State	City & State Kissimmee, FL
--------------	-------------------------------

Zip	Country	Zip	Country
34741	USA	34741	USA

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

FERRARI, FRANCO 860 EAST SEMORAN BOULEVARD CASSELBERRY, FL 32707	Name NEIL PARKIN Street Address (P.O. Box Number is Not Acceptable) 3501 W. Vine St., Suite 310 City KISSIMMEE FL Zip Code 34741
--	--

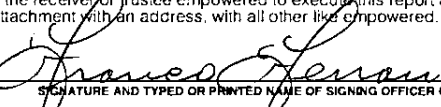
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: Sept 20, 2004

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D FERRARI, PATRICIA G 14166 LAKE PRICE DRIVE ORLANDO, FL 32826 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKIN, NEIL 3501 W. Vine St., Suite 310 Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FERRARI, FRANCO 14166 LAKE PRICE DRIVE ORLANDO, FL 32826 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHANI ELIZABETH PARKIN 3501 W. Vine St., Suite 301 Kissimmee, FL 34741 <input checked="" 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
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

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 justice empowered to execute 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 empowered.

SIGNATURE:  DATE: Sept 20, 2004

FILED
04 SEP 28 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09182004	Chg-P	CR2E034 (10/03)
4. FEI Number 59-3596507	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

700041639557
10/06/04--01030--003 **61.25