

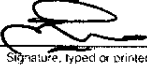



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90317 015 ***150.00

DOCUMENT # P03000098197 1. Entity Name FRIENDSHIP INC.					
Principal Place of Business 540 BUCKINGHAM RD. #1412 RICHARDSON, TX 75081 US			Mailing Address 540 BUCKINGHAM RD. #1412 RICHARDSON, TX 75081 US		
2. Principal Place of Business 634 NW 13th ST Suite, Apt. #, etc. #12		3. Mailing Address 634 NW 13th ST Suite, Apt. #, etc. #12			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 03-0527103	
Zip 33406		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABDELRAHMAN, MOBARK 4475 CARAMBOLA CLS COCONUT CREEK, FL 33066 634 NW 13th ST # 12 Boca Raton FL 33486				7. Name and Address of New Registered Agent Name SAME ABDELRAHMAN, MOBARK Street Address (P.O. Box Number is Not Acceptable) 634 NW 13th ST #12 City Boca Raton FL Zip Code 33431	
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  Mobark Abdelrahman 02-25-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	PRES ISMAIL, HUSSAM 4040 WASHINGTON RD., #210 KENOSHA, WI 53144			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ABDELRAHMAN, MOBARK 4475 CARAMBOLA CLS COCONUT CREEK, FL 33066			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR ABDELRAHMAN, ANWAR 540 BUCKINGHAM RD., #1412 RICHARDSON, TX 75081			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER 634 NW 13th ST #12 BOCA RATON, FL 33486			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<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 trustee 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:  Mobark Abdelrahman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				02-25-04 <small>Date Daytime Phone #</small>	