


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90072 024 ***150.00

DOCUMENT # F13684	
1. Entity Name FRIENDS' LANDSCAPING, INC.	

Principal Place of Business 5525 S W 40TH AVE FT LAUDERDALE, FL 33314	Mailing Address 5525 S W 40TH AVE FT LAUDERDALE, FL 33314
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2. Principal Place of Business - No P.O. Box # 15100 Persimmon Ave	3. Mailing Address 15100 Persimmon Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

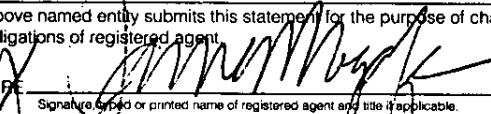
City & State Delray Bch FL	City & State Delray Bch FL
Zip 33446	Country USA
Country USA	Zip 33446

01302007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2210428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAGAFAS, JAMES G 5525 S W 40TH AVE FT. LAUDERDALE, FL 33314	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 720 Eldorado Ln City Delray Beach FL Zip Code 33444	

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 1/30/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD MAGAFAS, JAMES G 5525 SW 40TH AVENUE FT LAUDERDALE, FL 00000,		720 Eldorado Ln Delray Beach, FL 33444	
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. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
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SIGNATURE 	DATE 1/30/07	DAYTIME PHONE # 954 275 0748
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