

**2005 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 648941**

1. Entity Name  
FIVE FRIENDS, INC.



Principal Place of Business

11925 SW 128 ST.  
P O BOX 161859  
MIAMI, FL 33186 US

Mailing Address

11925 SW 128 ST.  
P O BOX 161859  
MIAMI, FL 33116-1859 US

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2049563

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOANNOU, BEN  
11925 SW 128 ST.  
P O BOX 161859  
MIAMI, FL 33116-8859

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PTD
NAME	JOANNOU, BEN
STREET ADDRESS	9900 S.W. 131 ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	VD
NAME	GURDJIAN, JACQUES
STREET ADDRESS	8050 S.W. 157TH ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	VD
NAME	YANG, CHIU TSEI
STREET ADDRESS	NO. 45 CHI LIN ROAD
CITY - ST - ZIP	TAIPEI, TAIWAN
TITLE	SD
NAME	SILVERS, BARRY
STREET ADDRESS	1408 S. BAYSHORE DR.
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/12/05-80030-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05

Date

(305) 238-1866

Daytime Phone #