

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90010 002 ***150.00

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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

60001099



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2049563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
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, 2006 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. 10155 SW 134 Drive
CITY - ST - ZIP	MIAMI, FL 33186

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	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Ben Joannou Sr. 1-5-06 (305) 238-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #