

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # 671884</b>				<b>1. Entity Name</b>		<b>FRIEDMAN &amp; COMPANY, INC.</b>	
<b>Principal Place of Business</b>				<b>Mailing Address</b>			
2424 SOUTH DIXIE HIGHWAY MIAMI FL 33133				2424 SOUTH DIXIE HIGHWAY MIAMI FL 33133			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
FRIEDMAN ALLAN F 2424 S DIXIE HWY MIAMI FL 33133				Name Street Address (P.O. Box Number Is Not Acceptable) City			
				FL Zip Code			
<b>4. FEI Number</b> 59-2002870 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable							
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. 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.</b>							
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b> _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	DST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	FRIEDMAN, ALLAN F			NAME			
STREET ADDRESS	2424 SO DIXIE HWY			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000			CITY-ST-ZIP			
TITLE	DPV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	FRIEDMAN ALLAN F			NAME			
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CITY-ST-ZIP	MIAMI, FL 00000			CITY-ST-ZIP			
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1st MOORE CR2E034 (10/05)

4. FEI Number 59-2002870  Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number Is Not Acceptable)  
 City  
 FL Zip Code

6. 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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing  \$5.00 May Be Added to Fees

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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** \_\_\_\_\_ **4/12/06** **305-854-3445**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #