


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90020 032 ****70.00

DOCUMENT # 732402			
1. Entity Name FRIENDS FOR LIFE, INC.			
Principal Place of Business % LEO KAPLAN 5310 BUTTONWOOD COURT TAMARAC FL 33319 US		Mailing Address % LEO KAPLAN 5310 BUTTONWOOD COURT TAMARAC FL 33319 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KAPLAN, LEO 5310 BUTTONWOOD COURT TAMARAC FL 33319		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Leo Kaplan</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOWITZ, FREIDA	NAME	<i>Freida</i>
STREET ADDRESS	6607 NW 73 AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, LEO	NAME	
STREET ADDRESS	5310 BUTTONWOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATZ, GRACE	NAME	
STREET ADDRESS	5410 BANYAN LN	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, SYLVIA	NAME	MAURICE GRUBER
STREET ADDRESS	5200 WOODLAND DR	STREET ADDRESS	5200 WOODLANDS BLVD
CITY-ST-ZIP	TAMARAC FL 33319	CITY-ST-ZIP	TAMARAC FL 33319
TITLE	EPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, HARRY	NAME	
STREET ADDRESS	5305 WOODLANDS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANKLOW, LEONARD E	NAME	
STREET ADDRESS	6104 ROYAL POINCIANA LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	CITY-ST-ZIP	
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 617, 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: <i>Leo Kaplan</i> (LEO KAPLAN)		Date: 3/6/04	Daytime Phone #: 954-739-3952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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MOORE CR2E037 (11/03)

4. FEI Number 23-7422280 Applied For Not Applicable

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