


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90029 028 ****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 Suite, Apt. #, etc.		3. Mailing Address 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 <i>Patte Alkin Grad</i> Street Address (P.O. Box Number is Not Acceptable) <i>5903 Blue Beech Place</i> <i>Tamara Fl</i> <i>Fl</i> Zip Code <i>33319</i>	
B. 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>X Leo Kaplan</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	TD BERKOWITZ, FREIDA 6607 NW 73 AVE TAMARAC FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treas</i> <i>Frieda Berkowitz</i> <i>6607 N.W. 73 St</i> <i>Tamara Fl 33321</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPLAN, LEO 5310 BUTTONWOOD COURT TAMARAC FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Past President</i> <i>Leo Kaplan</i> <i>5310 Buttonwood Ct</i> <i>Tamara Fl 33319</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATZ, GRACE 5410 BANYAN LN TAMARAC FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Finance Secy</i> <i>Grace Platz</i> <i>5410 Banyan Lane</i> <i>Tamara Fl 33319</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBER, MAURICE 5200 WOODLANDS BLVD TAMARAC FL 33319 <input checked="" type="checkbox"/> Delete <i>Deceased</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Secy</i> <i>Ruth Benfield</i> <i>5904 Breadfruit Circle</i> <i>Tamara Fl 33319</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EPD FELDMAN, HARRY 5305 WOODLANDS BLVD. TAMARAC FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Asst</i> <i>Harry Feldman</i> <i>5305 Woodlands Blvd</i> <i>Tamara Fl 33319</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANKLOW, LEONARD E 6104 ROYAL POINCIANA LANE TAMARAC FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Patte Alkin Grad</i> <i>5903 Blue Beech Place</i> <i>Tamara Fl 33319</i> <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 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 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: *Frieda Berkowitz*



1st MOORE CR2E037 (10/05)

4. FEI Number **23-7422280** Applied For Not Applicable

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