

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90013 002 \*\*\*\*61.25

**DOCUMENT # 732402**  
1. Entity Name  
**FRIENDS FOR LIFE, INC.**



Principal Place of Business: **C/O LEO PLATZ  
5410 BANYAN LANE  
TAMARAC FL 33319  
US**

Mailing Address: **C/O LEO PLATZ  
5410 BANYAN LANE  
TAMARAC FL 33319  
US**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State  
Zip Country

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

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

6. Name and Address of Current Registered Agent  
**GRAD, PATTE  
5903 B BEACH PLACE  
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 *Leo Platz*  
Signature, typed or printed name of registered agent and title (Last name only) (NOTE: Registered Agent signature is required with reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BERKOWITZ, FREIDA	
STREET ADDRESS	6607 NW 73 AVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	P	<input type="checkbox"/> Delete
NAME	KAPLAN, LEO	
STREET ADDRESS	5310 BUTTONWOOD COURT	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PLATZ, LEO	
STREET ADDRESS	5410 BANYAN LN	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENNENFELD, RUCH	
STREET ADDRESS	5904 BREADFRUIT CIR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	EPD	<input type="checkbox"/> Delete
NAME	FELDMAN, HARRY	
STREET ADDRESS	5305 WOODLANDS BLVD	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALKINGRAD, PATTIE	
STREET ADDRESS	5903 BLUE BEACH PLACE	
CITY-ST-ZIP	TAMARAC FL 33319	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Leo Platz - Leo Platz, Pres 4/20/08 954-485-4975*