2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 22, 2008 08:00 AN Secretary of State DOCUMENT # K61079 1. Entity Name FRIENDLY JOHN, INC. Principal Place of Business Mailing Address P O BOX 440665 MIAMI FL 33144-6998 2122 NW 7TH AVE. MIAMI FL 33127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0115818 Not Applicable Country Country \$8.75 Additional 玄 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERDEJA, MARIO J. SR Street Address (P.O. Box Number is Not Acceptable) 2122 NW 7TH AVENUE MIAMI FL 33127 City 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 Signature, typed or printed learne of registered agent and the if applicable, (NOTE: Registered Agora signatura required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition VERDEJA, MARIO J JR NAME NAME 2122 NW 7TH AVE. STREET ADDRESS STREET ADDRESS U00000835453 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP 02/29/08-80034-02 TITLE ☐ Derete TITLE Addition VERDEJA, MARIO J SR NAME 2122 NW 7TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33127 CITY-ST-ZIP CITY-ST-ZIP THILE Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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: Man Macio T. Wederfa Pris. 2-19-08 705-444-7681
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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