

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012641

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** FRIENDLY HELPERS & SERVICES, L.L.C.

**Current Principal Place of Business:**

2742 BISCAYNE BLVD.  
MIAMI, FL 33137

**New Principal Place of Business:**

16300 NE 19 AVENUE  
SUITE # 108  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

2742 BISCAYNE BLVD.  
MIAMI, FL 33137

**New Mailing Address:**

16300 NE 19 AVENUE  
SUITE # 108  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 54-2105602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHVARTZMAN, HECTOR  
2742 BISCAYNE BLVD.  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

SCHVARTZMAN, HECTOR  
16300 NE 19 AVENUE  
SUITE # 108  
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE:

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHVARTZMAN, HECTOR  
Address: 2742 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHVARTZMAN, HECTOR  
Address: 16300 NE 19 AVENUE # 108  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HECTOR D. SCHVARTZMAN

MGRM

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date