

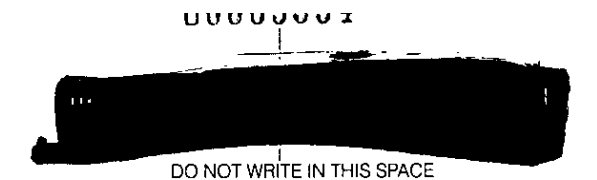
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State
 06-13-2000 90005 008 ***550.00

DOCUMENT # M36477
 1. Entity Name
ALL MY FRIENDS, INC.

Principal Place of Business Mailing Address
 7565 W. 20TH AVE 7565 W. 20TH AVE
 HIALEAH FL 33014 HIALEAH FL 33014-3728

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. c/o F. NEWMAN
 City & State Suite, Apt. #, etc. #
 MIAMI, FL 66 W. FLAGLER ST. 700
 Zip Country Zip Country
 33130



6. Name and Address of Current Registered Agent
BRIDGES, CHARLES
 7565 W. 20TH AVE.
 HIALEAH FL

4. FEI Number **59-2838398** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 7. Name and Address of New Registered Agent
 Name **FRANK D. NEWMAN**
 Street Address (P.O. Box Number is Not Acceptable)
66 W. FLAGLER ST #700
 City **MIAMI** FL Zip Code **33130**

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.
 SIGNATURE *Frank D. Newman* **FRANK D. NEWMAN** **6-8-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRIDGES, CHARLES 7565 W. 20TH AVE HIALEAH FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUEZ, JOSE R 73 E LAGOONA DR BRICKTOWN NE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUEZ, JOSE R. 7565 W. 20TH AVE. HIALEAH, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Bridges* **CHARLES BRIDGES** **6-8-00** **305-558-2221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)