

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005852

FILED
Jan 09, 2004
Secretary of State

Entity Name: FRIENDSHIP CIRCLE OF FLORIDA, INC.

Current Principal Place of Business:

3291 FRANKLIN AVENUE
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3291 FRANKLIN AVENUE
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-1085999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, BRUCE
2971 BIRD AVE.
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FELLIG, MENACHEM
Address: 5701 NARIUS AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: PSD () Delete
Name: FELLIG, YAKOV
Address: 3291 FRANKLIN AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPTD () Delete
Name: WILSON, JUSTIN T
Address: 3291 FRANKLIN AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: KRASNJANSKY, ITCHEL
Address: 3291 FRANKLIN AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD (X) Change () Addition
Name: FELLIG, YAKOV
Address: 4005 EL PRADO BLVD.
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD (X) Change () Addition
Name: FELLIG, MENACHEM
Address: 5701 MARIUS AVE.
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YAKOV FELLIG

TD

01/09/2004

Electronic Signature of Signing Officer or Director

Date