
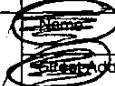


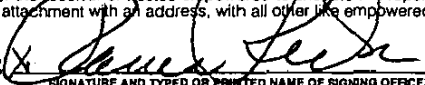


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90097 030 \*\*\*\*70.00

<b>DOCUMENT # N01000003637</b> 1. Entity Name <b>FRIENDS OF SUNSHINE KEY, INC.</b>					
Principal Place of Business <b>1535 HARBOR DR MARATHON, FL 33050</b>			Mailing Address <b>P.O. BOX 501339 MARATHON, FL 33050</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		01272005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>65-1106719</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PIEDRA, T 1535 HARBOR DRIVE MARATHON, FL 33050</b>					
7. Name and Address of New Registered Agent <div style="text-align: center;">   <b>JOSE E. CANDELARIA</b>          Street Address (P.O. Box Number is Not Acceptable)  <div style="text-align: center;">   <b>JOSE E. CANDELARIA</b>          City  <div style="text-align: right;"> <b>FL</b> Zip Code         </div> </div> </div>					
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:  <div style="float: right;">DATE</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PIEDRA, DANIO</b> <b>1535 HARBOR DRIVE</b> <b>MARATHON, FL 33050</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PIEDRA, TANIA</b> <b>1535 HARBOR DR</b> <b>MARATHON, FL 33050</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CADELARIA, PEPE</b> <input type="checkbox"/> Delete <b>4960 SW 96 AVE</b> <b>MIAMI, FL 33165</b>				
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				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CANDELARIA, JOSE E.</b> <b>4960 SW 96 AVE.</b> <b>MIAMI, FL 33165</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. 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 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:  <div style="float: right;"> <b>3-10-05 3057438823</b>          Date Daytime Phone #       </div>					

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