2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N08000000143

Entity Name: THE FRIENDSHIP CLUB 2, INC.

Current Principal Place of Business:

7680 NW 186 STREET
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

7680 NW 186 STREET
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 26-1645936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALDRON, LEWIS M
6633 NW 181 LANE
HIALEAH, FL 33015 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: ANSLEY, NANCY
Address: 13255 SW 7 COURT APT. D103
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete
Name: CALANNI, KATHY
Address: 14508 BOBOLINK DRIVE
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: KURTZ, JERRY
Address: 6905 WEST 16 DRIVE
City-St-Zip: HIALEAH, FL 33014

Title: D ( ) Delete
Name: KUPPENBENDOR, DENNY
Address: 18130 NW 66 COURT
City-St-Zip: HIALEAH, FL 33015

Title: D ( ) Delete
Name: LAMBERT, JERRY
Address: 19900 NW 37 AVE
City-St-Zip: OPA LOCKA, FL 33056

Title: D ( ) Delete
Name: DVORAN, PETER
Address: 8355 NW 197 TERR
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JERRY LAMBERT BM 02/25/2009

Electronic Signature of Signing Officer or Director — Date