

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22601

FILED
May 01, 2004
Secretary of State**Entity Name:** FRIENDSHIP NETWORK, INC.**Current Principal Place of Business:**P.O. BOX 69-3393
MIAMI, FL 33269**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 69-3393
MIAMI, FL 33269**New Mailing Address:****FEI Number:** 65-0047154**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**INIJE, CHARLES
16499 NE 19 AVE #213A
N MIAMI, FL 33162 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:** PD () Delete
Name: OTTATO, PHILLIP
Address: P.O. BOX 69-3393
City-St-Zip: MIAMI, FL 33269**Title:** T () Delete
Name: GONZALEZ, JACKIE
Address: 1492 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135**Title:** VP () Delete
Name: MCGILL, LOVETTE
Address: 4175 W 20 AVE
City-St-Zip: MIAMI, FL 33147**Title:** SD () Delete
Name: PEEL, FRED
Address: 62 SW 72 STREET #D6
City-St-Zip: MIAMI, FL 33143**Title:** D () Delete
Name: OPREE, JOYNER
Address: 1957 JACKSON STREET
City-St-Zip: HOLLYWOOD, FL 33056**Title:** D () Delete
Name: HOPE, CAROL
Address: 1492 NW 196 STREET
City-St-Zip: MIAMI, FL 33169**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: LOUIS, CARRIE
Address: 12550 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33181**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 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: PHILLIP OTTATO

PD

05/01/2004

Electronic Signature of Signing Officer or Director

Date