2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N22601

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 FLAGER ST
City-St-Zip: MIAMI, FL 33135

Title: VP ( ) Delete
Name: LOUIS, CARRIE
Address: 12550 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33181

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: ( ) 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 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: CAROL HOPE DIR 04/29/2005

Electronic Signature of Signing Officer or Director Date