

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005196

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** WISH FRIENDS OF SOUTHERN FLORIDA, INC.

**Current Principal Place of Business:**

2901 STIRLING RD.,STE.208  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

2901 STIRLING RD.,STE.208  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 65-0960968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEDDERBURN, NORMAN E  
20250 NE 34TH COURT  
AVENTURA, FL 33180 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: KINGSLEY, LOUISE  
Address: 8551 W SUNRISE BLVD # 203  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete  
Name: GAGIC, CHRISTOPHER  
Address: 18185 181 CIRCLE S  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: DAVIS, GARY  
Address: 201 S. BISCAYNE BLVD SUITE 2200  
City-St-Zip: MIAMI, FL 33131

Title: C ( ) Delete  
Name: DEMAR, STEVE  
Address: 14305 S.W.74TH AVE.  
City-St-Zip: MIAMI, FL 33188

Title: S ( ) Delete  
Name: FRIEDLANDER, RANDY  
Address: 3135 ESTATES DRIVE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: MORRIS, PATRICK  
Address: 756 NAVARRE AVE  
City-St-Zip: CORAL GABLES, FL 33134

**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 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: STEVE DEMAR

MR.

01/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date