FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 19, 2003 8:00 am Secretary of State

DOCH	MENT # P010000362	я		03-19-200	3 90121 033 ***150.00	
DOCUMENT # P01000003628 1. Entity Name						
FRIENDS COLLECTOR, CORP.				,		
	• ,		\mathcal{U}			
Participal de la companya de la comp		TENCHASTA DIATENATOR GALT		100 (100 (100 (100 (100 (100 (100 (100	ξ.	
DO NOT WRITE IN THIS SPACE						
2. Principal P	lace of Business	3. Mailing Address			•	
	7925 N.W. 12TH STREET		7925 N.W. 12TH STREET		·	
Suite, Apt.	a. Apt. #, etc. Suite, Apt. #, etc. SUITE 318			DO NOT W	RITE IN THIS SPACE	
City & State		City & State		4. FEI Number	Applied For	
MIAMI, FLORIDA		MIAMI, FLORIDA		65-1066933	Not Applicable	
Zip 33126	Country USA	Zip 33126	Country	5. Certificate of Status Desired	See Required	
Type (5.7545)		in Committee on the		7. Name and Address of Curre	nt Registered Agent	
Name MARIA M ZAMORA						
7015				ess (P.O. Box Number is Not Acceptal 25 N.W. 12TH STREET	P.O. Box Number is Not Acceptable) N.W. 12TH STREET	
			City	ITE 318	FL Zip Code	
. The above		ardar guarante e de la como de la		AMI	75120	
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.						
SIGNATURE .				· •		
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE Onte						
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After: May 1: Fee is \$550:00.				10. Election Campaign F	Financing \$5.00 May Be	
Amended			d UBR is \$61 25 ## ble to Department of	Trust Fund Contribut		
11.	OFFICERS AND D					
mr.s	PD		TIME OF COME			
name Street address	MARIA M ZAMORA 7925 N.W. 12TH STREET SUITE 318		STREET ADDRESS		A CAMPAN CANADA MENOR	
, CITY∰ST-ZIP	MIAMI, FL 33126		CITY SI ZIP			
TITLE NAME		,	THE PLANT	Carrier Liverpoor a Secretary of the Secretary		
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CITY-ST-2IP			CITY ST ZIPG			
HUMCHING	certify that the information supplied with to on this report or supplemental report is to	n le and accurate and that r	mv skananika shall bawa .	ina cama lagal affect ar if made undo	r anthe that I am an affines as discuss	
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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.						