


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90951 021 \*\*\*150.00

**DOCUMENT # P01000095151**

1. Entity Name  
**FRIENDLY PRINCE, INC.**



Principal Place of Business  
**848 BRICKELL AVENUE, SUITE 1000  
MIAMI FL 33131**

Mailing Address  
**848 BRICKELL AVENUE, SUITE 1000  
MIAMI FL 33131**



2. Principal Place of Business  
**848 BRICKELL AVENUE**

3. Mailing Address  
**848 BRICKELL AVENUE**

Suite, Apt. #, etc.  
**PENTHOUSE I**

Suite, Apt. #, etc.  
**PENTHOUSE I**

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL.**

City & State  
**MIAMI FL.**

Zip  
**33131**

Country

Zip  
**33131**

Country

4. FEI Number  
**65-1142135**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.**  
**900 INGRAM**  
**25 S.E. 2ND AVENUE**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

8. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARDID, MIGUEL</b> <b>848 BRICKELL AVE. <del>STE 1000</del> PENTHOUSE I</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ARDID, JOSE M</b> <b>848 BRICKELL AVE. <del>STE 1000</del> PENTHOUSE I</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ARDID, INIGO</b> <b>848 BRICKELL AVE. <del>STE 1000</del> PENTHOUSE I</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ARDID DIEGO</b> <b>848 BRICKELL AVE PENTHOUSE I</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ARDID DIEGO</b> <b>848 BRICKELL AVE PENTHOUSE I</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSE ARDID**  
**SIGNATURE REQUIRED - PRESIDENT** **04/22/03** **(305) 377-1001**  
Date Daytime Phone #

CRE034 (10/02)