2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000003085

FRIENDLY INVESTMENT OF SOUTH FLORIDA INC



Jan 10, 2 Secre

Principal Place of Business

Mailing Address

6187 NW 167 STREET

6187 NW 167 STREET

H-23 MIAMI, FL 33015

MIAMI, FL 33015



No Chg-P

CR2E034 (10/03)

01052005 DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3587791

Applied Far Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOLEDO, RAYSA C 6187 NW 167 STREET

H-23

DO NOT WRITE - IN THIS SPACE

MIAMI, FL 33015			IN THIS STAGE			
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	<u> </u>	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLEDO, RAYSA C 6187 NW 167 STREET SUITE H-23 MIAMI, FL 33015			• •	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000176791 61/11/05-80011-006	150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	_	- 1
12. I hereby certify that the information supplied with this filling 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 of 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 educes, with all other like empowered.						
SIGNAT	TURE: SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIRECT	7		Date Davitme	hone #