

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000070210

1. Entity Name
3 FRIENDS TELECOM INC.



Principal Place of Business
1000 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

Mailing Address
1000 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

FILED
Jan 20, 2004 08:00 AM
Secretary of State



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
73-1647744

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOFFMAN, JOHN
1000 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TCEO
KANFER, JACK
1000 W. MCNAB RD
POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HOFFMAN, JOHN
1000 W. MCNAB RD.
POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
RUBIN, LEWIS
1000 W. MCNAB RD
POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000008741
01/20/04-80073-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #