

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081364

Entity Name: FOUR FRIENDS, INC.

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

255 NW 199 ST
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 693192
MIAMI, FL 33269

New Mailing Address:

FEI Number: 22-3860121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAGANI, FARDOUS
255 NW 199 ST
MIAMI, FL 33169 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAGANI, FARDOUS
Address: 255 NW 199 ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: CHAGANI, MAHMOOD
Address: 255 NW 199 ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: SHIVTI, SALEEM
Address: 11201 NW 23 CT
City-St-Zip: CORAL SPRINGS, FL 33065

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:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FARDOUS CHAGANI

D

03/02/2009

Electronic Signature of Signing Officer or Director

Date