2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091299

Entity Name: FRIENDS AND FRIENDS, INC.

FILED Apr 09, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

357 AZURE WAY 1891 SW 36TH AVENUE

MIAMI SPRINGS, FL 33166 MIAMI, FL 33145

Current Mailing Address: New Mailing Address:

1891 SW 36 AVENUE 357 AZURE WAY MIAMI SPRINGS, FL 33166 MIAMI, FL 33145

FEI Number: 51-0421827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BORKSON, SAMUEL A LISMAN, MELODY S 357 AZURÉ WAY 1891 SW 36TH AVENUE MIAMI SPRINGS, FL 33166 MIAMI, FL 33145

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: MELODY LISMAN 04/09/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

MIAMI, FL 33166

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI, FL 33145

City-St-Zip:

Title: () Delete Title: (X) Change () Addition SANDOVAL, ARTURO SANDOVAL, ARTURO Name: Name: 357 AZURE WAY 1891 SW 36TH AVENUE Address: Address:

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33145

Title: Title: (X) Change () Addition () Delete Name: LISMAN, MELODY Name: LISMAN, MELODY 357 AZURE WAY Address: 1891 SW 36TH AVE Address:

Title: () Delete Title: () Change (X) Addition

Name: BORKSON, SAMUEL Name: 1891 SW 36TH AVENUE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELODY LISMAN 04/09/2004 S