## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 28, 2004 08:00 AM Secretary of State-

ANNUAL REPORT					Secretary of State -			
DOCUMENT # P03000137032  1. Entity Name FRIENDLY ELVES, INC.							,	
Principal Place of Business Malling Address			L					
13953 SA/66 ST APT 602-B MAM, FL 33183		13953 SA/66 STAPT 602-B MAM, FL 33183					<b>-</b>	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt #, etc.		Suite, Apt. #, etc.		01212004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number		<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Countr	у	5. Certificate o	Status Desired	S8.75 Add Fee Require	
6. Name and Address of Current		legistered Agent			7. Name and I	ddress of New R	egistered Agent	
CAPITAL	CONNECTION			Name				
417 E VIR	GINIA ST STE 1 SSEE, FL 32301		Street Address		P.O. Bax Number	is Not Acceptable	)	,
				City			FL Zip Cod	ie .
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 explicable. (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 \$5.00 May Be Added to Fees								
10.	OFFICERS AND DIRECTORS		11.	······································	ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	D	☐ Delete	MILE				☐ Change	Addition
NAME	ESCOTO, MELISSA		NAME	:		UDDDD	0016057	
STREET ADORESS CITY-ST-ZIP	13953 SW 66 ST APT 602-8 MIAMI, FL 33183		STREET CITY-S	ADDRESS it-zip		01/28/04	0016057 -80040-004 1	.50.00 <sup>-</sup>
HTLE		☐ Delete	BIRE				☐ Change	Addition
NAME STREET ADDRESS			NAME	AODRESS :				
CITY-ST-ZIP			GITY-S	}				
กรนะ	-	☐ Delete	TITLE				Сhange	Addition
NAME			NAME				CT curante	
STREET ADDRESS				ADDRESS .				
GITY+ST-ZIP			CiTY-S	57 - Z(P				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME Street Address	<u> </u> [		NAME					
City-St-ZiP			CITY-S	ADDRESS IT - ZIP				
TITLE		☐ Delete	TETLE			<del></del>	Change	Addition
NAME			HAME	1 .			ு பண்டு	- recitor
STREET ADDRESS			STREET	ADDRESS				
CXTY-ST-ZXP			CITY-S	T-ZIP				
TITLE		Delete	THE				Change	☐ Addition
NAME STREET ADDRESS			NAME	ADDODOO				
City-St-Zip	1		CITY -S	J-7IP				
	i certify that the information sciential with	this filing does not availfy for			ction 119 07/31/0	Fiorida Statutan I	further pertify that the t	oformation
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 receiverfor 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 all other like empowered.								