

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043676

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: C & T FRIENDSHIP ENTERPRISES, INC.

## Current Principal Place of Business:

6804 S. W. 10TH STREET  
PEMBROKE PINES, FL 33023

## New Principal Place of Business:

## Current Mailing Address:

6804 S. W. 10TH STREET  
PEMBROKE PINES, FL 33023

## New Mailing Address:

FEI Number: 20-0857781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKER, LARENCE C  
6804 S. W. 10TH STREET  
PEMBROKE PINES, FL 33023 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: P ( ) Delete  
Name: PARKER, LARENCE C  
Address: 6804 S.W. 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: V ( ) Delete  
Name: SMITH, STEVEN E  
Address: 1440 HIBISCUS STREET  
City-St-Zip: LAKE PLACID, FL 33852

Title: T ( ) Delete  
Name: PARKER, MARIA R  
Address: 6804 S.W. 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: S ( ) Delete  
Name: CARLINI-SMITH, NADINE A  
Address: 1440 HIBISCUS STREET  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SMITH, STEVEN E  
Address: 1440 CROSSVIEW STREET  
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CARLINI-SMITH, NADINE A  
Address: 1440 CROSSVIEW STREET  
City-St-Zip: LAKE PLACID, FL 33852

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: NADINE CARLINI-SMITH

S

04/29/2005

Electronic Signature of Signing Officer or Director

Date