

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90004 046 \*\*\*150.00

**DOCUMENT # P04000081847**

1. Entity Name  
**FRIENDS PROPERTIES, INC.**



Principal Place of Business

**6031 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33024 US**

Mailing Address

**6031 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33024 US**

2. Principal Place of Business - No P.O. Box #

**17777 NW 2nd Ave.**

3. Mailing Address

**17777 NW 2nd Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**N. Miami, FL**

City & State

**N. Miami, FL**

Zip

**33169**

Country

Zip

**33169**

Country

01142007

Chg-P

CR2E034 (12/06)

4. FEI Number

**26-0088787**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEAVITT, NEIL  
4700 B SHERIDAN ST.  
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **James J. Dauria**

Street Address (P.O. Box Number is Not Acceptable)

**17777 N.W. 2nd Ave.**

City

**N. Miami**

FL

Zip Code

**33169**

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 **X [Signature]**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**X 1/15/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **DAURIA, JAMES J**  
STREET ADDRESS **6031 HOLLYWOOD BLVD.**  
CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE **VP** ☐ Delete  
NAME **ZANAKIS, MICHAEL J**  
STREET ADDRESS **110 HUNTINGTON RD.**  
CITY-ST-ZIP **PORT WASHINGTON, NY 11050**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Dauria, James J.**  
STREET ADDRESS **17777 N.W. 2nd Ave**  
CITY-ST-ZIP **N. Miami, FL 33169**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Zanakis, Michael J.**  
STREET ADDRESS **17777 N.W. 2nd Ave**  
CITY-ST-ZIP **N. Miami, FL 33169**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **X [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAMES J. DAURIA**  
**President**  
**X 1/15/07**  
**754-581-2696**