

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90284 034 \*\*\*150.00

<b>DOCUMENT # P04000167532</b>						
<b>1. Entity Name</b> FRIENDS OF WESTON, INC.						
<b>Principal Place of Business</b> 1730 LAKESHORE CIRCLE WESTON, FL 33326			<b>Mailing Address</b> 1730 LAKESHORE CIRCLE WESTON, FL 33326			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	05042005    Chg-P    CR2E034 (10/03)		
<b>4. FEI Number</b> 02-0733000				Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
ROXBOROUGH, JOHN 9460 LIVE OAK PLACE, #204 FT. LAUDERDALE, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____						
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> D	<b>NAME</b> ROXBOROUGH, JOHN		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> ROXBOROUGH, JOHN	
<b>STREET ADDRESS</b> 9460 LIVE OAK PLACE #204	<b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33324		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 9460 LIVE OAK PLACE #204	<b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33324	
<b>TITLE</b> D	<b>NAME</b> VIZCARRONDO, MARIA E		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> VIZCARRONDO, MARIA E	
<b>STREET ADDRESS</b> 1730 LAKESHORE CIRCLE	<b>CITY-ST-ZIP</b> WESTON, FL 33326		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 1730 LAKESHORE CIRCLE	<b>CITY-ST-ZIP</b> WESTON, FL 33326	
<b>TITLE</b> D	<b>NAME</b> VIZCARRONDO, JOSE A		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> VIZCARRONDO, JOSE A	
<b>STREET ADDRESS</b> 1730 LAKESHORE CIRCLE	<b>CITY-ST-ZIP</b> WESTON, FL 33326		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 1730 LAKESHORE CIRCLE	<b>CITY-ST-ZIP</b> WESTON, FL 33326	
<b>TITLE</b> D	<b>NAME</b> ROXBOROUGH, MARLENE		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> ROXBOROUGH, MARLENE	
<b>STREET ADDRESS</b> 1090 SMOKE TREE CT.	<b>CITY-ST-ZIP</b> WESTON, FL 33326		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 1090 SMOKE TREE CT.	<b>CITY-ST-ZIP</b> WESTON, FL 33326	
<b>TITLE</b> D	<b>NAME</b> VALLADARES, ALEJANDRO		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> VALLADARES, ALEJANDRO	
<b>STREET ADDRESS</b> 1090 SMOKE TREE CT.	<b>CITY-ST-ZIP</b> WESTON, FL 33326		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 1090 SMOKE TREE CT.	<b>CITY-ST-ZIP</b> WESTON, FL 33326	
<b>TITLE</b> D	<b>NAME</b> VALLADARES, NERIDA		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> VALLADARES, NERIDA	
<b>STREET ADDRESS</b> 1090 SMOKE TREE CT.	<b>CITY-ST-ZIP</b> WESTON, FL 33326		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 1090 SMOKE TREE CT.	<b>CITY-ST-ZIP</b> WESTON, FL 33326	
<b>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 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.</b>						
<b>SIGNATURE:</b> <i>John Roxborough</i> <b>JOHN ROXBOROUGH</b> 5-5-05    954-614-6883						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #						