


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000167532 1. Entity Name FRIENDS OF WESTON, INC.	
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Principal Place of Business 1730 LAKESHORE CIRCLE WESTON, FL 33326	Mailing Address 1730 LAKESHORE CIRCLE WESTON, FL 33326
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0733000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ROXBOROUGH, JOHN
9460 LIVE OAK PLACE #204
FT. LAUDERDALE, FL 33324**

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IN THIS SPACE**

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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ROXBOROUGH, JOHN
STREET ADDRESS	9460 LIVE OAK PLACE #204
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324
TITLE	D
NAME	VIZCARRONDO, MARIA E
STREET ADDRESS	1730 LAKESHORE CIRCLE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	D
NAME	VIZCARRONDO, JOSE A
STREET ADDRESS	1730 LAKESHORE CIRCLE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	D
NAME	ROXBOROUGH, MARLENE
STREET ADDRESS	1090 SMOKE TREE CT.
CITY-ST-ZIP	WESTON, FL 33326
TITLE	D
NAME	VALLADARES, ALEJANDRO
STREET ADDRESS	1090 SMOKE TREE CT.
CITY-ST-ZIP	WESTON, FL 33326
TITLE	D
NAME	VALLADARES, NERIDA
STREET ADDRESS	1090 SMOKE TREE CT.
CITY-ST-ZIP	WESTON, FL 33326

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IN THIS SPACE**

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05/18/06-80037-025 150.00

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 intent like empowered.

SIGNATURE: [Signature] **JOSE VIZCARRONDO** 05/01/06 954.465428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #