2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # P04000167532

1. Entity Name
FRIENDS OF WESTON, INC.

Principal Place of Business	Mailing Address
1730 LAKESHORE CIRCLE WESTON, FL 33326	1730 LAKESHORE CIRCLE WESTON, FL 33326

04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0733000
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	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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05/31/07-80008-015 550.00

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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: _____ May 15, 2007 (954) 8220264.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #