## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # P04000167532 02-29-2008 90024 018 \*\*\*150.00 1. Entity Name FRIENDS OF WESTON, INC. quuser Principal Place of Business Mailing Address 1730 LAKESHORE CIRCLE 1730 LAKESHORE CIRCLE WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 02-0733000 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROXBOROUGH, JOHN 9460 LIVE OAK PLACE, #204 FT. LAUDERDALE, FL 33324 curpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of bred abeht. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Flection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE n Delete TITLE ROXBOROUGH, JOHN NAME NAME 9460 LIVE OAK PLACE #204 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE, FL 33324 D/T/S **Change** ☐ Addition ☐ Delete TITLE TITLE VIZCARRONDO, MARIA E NAME STREET ADDRESS STREET ADDRESS 1730 LAKESHORE CIRCLE CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33326 DIP ☐ Delete TITLE Change ☐ Addition TITLE NAME VIZCARRONDO, JOSE A NAME STREET ADDRESS STREET ADDRESS 1730 LAKESHORE CIRCLE WESTON, FL 33326 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE ROXBOROUGH, MARLENE NAME STREET ADDRESS 1090 SMOKE TREE CT. STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY - ST-ZIP Delete ☐ Change ☐ Addition TITLE VALLADARES, ALEJANDRO NAME NAME STREET ADDRESS STREET ADDRESS 1090 SMOKE TREE CT. CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIE Delete ■ Addition ☐ Change TITLE VALLADARES, NERIDA NAME 1090 SMOKE TREE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33326 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 of supplemental typoof is true and acculated 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 ecceiver of trustee employered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the changed, or on an attack

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