

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90444 018 ***150.00

DOCUMENT # P05000131028

1. Entity Name
FRIENDS MART INC.



Principal Place of Business
1204 WAYNE AVE
NEW SMYRNA BEACH, FL 32186

Mailing Address
1204 WAYNE AVE
NEW SMYRNA BEACH, FL 32186

40090809



2. Principal Place of Business - No P.O. Box #
518 S MARTIN LUTHER KING BLVD
Suite, Apt. #, etc.

3. Mailing Address
518 S MARTIN LUTHER KING BLVD
Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State
DAYTONA BEACH FL
Zip 32114 Country US

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DAYTONA BEACH FL
Zip 32114 Country US

4. FEI Number
16-1734954
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISLAM, TAJUL
1204 WAYNE AVE
NEW SMYRNA BEACH, FL 32186

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Tajul Islam

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

(NOTE: Registered Agent signature required when reinstating)

4/24/07
DATE

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 ☐ Delete
NAME ISLAM, TAJUL
STREET ADDRESS 1204 WAYNE AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32186

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: Tajul Islam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07
Date

Daytime Phone #