2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 31, 2008
Secretary of State

DOCUMENT# P07000047372

Entity Name: FRIAS FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

14415 7TH STREET
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1917
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 13-4358349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIAS, MARIA C
14415 7TH STREET
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FRIAS, MARIA C
Address: P.O. BOX 1917
City-St-Zip: DADE CITYT, FL 33525

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: FRIAS, MARIA C
Address: P.O. BOX 1917
City-St-Zip: DADE CITY, FL 33525

Title: VP ( ) Change (X) Addition
Name: FRIAS, FELIPE
Address: P.O. BOX 1917
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA C FRIAS P 08/31/2008

Electronic Signature of Signing Officer or Director — Date