2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079200

Entity Name: FRIENDS IN DAVIE, INC.

FILED Feb 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2867 S UNIVERSITY DRIVE DAVIE, FL 333291439 US **Current Mailing Address: New Mailing Address:** 2867 S UNIVERSITY DRIVE DAVIE, FL 333291439 US FEI Number: 26-0516523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DELLUTRI, MARIA E **301 NW 36 STREET** MIAMI, FL 331273131 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BRESNAHAN, JAMES DELLUTRI, MARIA ELENA Name: Name: 4950 SW 70 AVENUE 5075 SW 73 AVENUE Address: Address: DAVIE, FL 33314 US DAVIE, FL 33314 US City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: DELLUTRI, MARIA E Name: DELLUTRI, MARIA ELENA 5075 SW 73 AVENUE 5075 SW 73 AVENUE Address: Address: DAVIE, FL 33314 US DAVIE, FL 33314 US City-St-Zip: City-St-Zip: () Delete Title: () Change (X) Addition Title: DELLUTRI, SAMANTHA Name: Name: 5075 SW 73 AVENUE Address Address: City-St-Zip: City-St-Zip: **DAVIE, FL 33314** Title: () Delete Title: VΡ () Change (X) Addition DELLUTRI, ELÉNA Name: Name: Address: Address: 5075 SW 73 AVENUE City-St-Zip: City-St-Zip: **DAVIE. FL 33314** Title: Title: CEO () Change (X) Addition () Delete DELLUTRI, SALVATORE L Name: Name: Address: Address: 5075 SW 73 AVENUE City-St-Zip: City-St-Zip: DAVIE, FL 33314 Title: () Delete Title: () Change (X) Addition DELLUTRI, SALVATORE L Name: Name: Address: Address: 5075 SW 73 AVENUE City-St-Zip: City-St-Zip: **DAVIE. FL 33314**

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 ELENA DELLUTRI SEC 02/08/2008