

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079200

Entity Name: FRIENDS IN DAVIE, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

2867 S UNIVERSITY DRIVE
DAVIE, FL 333291439 US

New Principal Place of Business:

Current Mailing Address:

2867 S UNIVERSITY DRIVE
DAVIE, FL 333291439 US

New Mailing Address:

FEI Number: 26-0516523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELLUTRI, MARIA E
301 NW 36 STREET
MIAMI, FL 331273131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELLUTRI, MARIA ELENA
Address: 5075 SW 73 AVENUE
City-St-Zip: DAVIE, FL 33314 US

Title: S/T () Delete
Name: DELLUTRI, MARIA ELENA
Address: 5075 SW 73 AVENUE
City-St-Zip: DAVIE, FL 33314 US

Title: VP () Delete
Name: DELLUTRI, SAMANTHA
Address: 5075 SW 73 AVENUE
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: DELLUTRI, ELENA
Address: 5075 SW 73 AVENUE
City-St-Zip: DAVIE, FL 33314

Title: CEO () Delete
Name: DELLUTRI, SALVATORE L
Address: 5075 SW 73 AVENUE
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: DELLUTRI, SALVATORE L
Address: 5075 SW 73 AVENUE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date