


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P9600004055			
1. Entity Name JUST FRIENDS, INC.		Principal Place of Business 59 ROYAL PALM DRIVE FT. LAUDERDALE FL 33301	
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PERRY, DIANE M 2455 E. SUNRISE BLVD. SUITE 905 FT. LAUDERDALE FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____		DATE _____	



1st MOORE CR2E034 (10/07)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERTENS, HANS O TTO % 59 ROYAL PALM DRIVE FT. LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000865224 04/07/08-80020-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAALKES, OTTO % 59 ROYAL PALM DRIVE FT. LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSSO, EUGENE A % 59 ROYAL PALM DRIVE FT. LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. March 2008