


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90062 013 \*\*\*150.00

**DOCUMENT # P96000096397**

1. Entity Name  
**BUSINESS & FRIENDS SERVICES, INC.**



Principal Place of Business      Mailing Address  
**204 WASHINGTON AVE**      **204 WASHINGTON AVE**  
**HOMESTEAD, FL 33030**      **HOMESTEAD, FL 33030**

**50062738**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08172005    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0714749**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AGERO, CHARLES JR.**  
**204 WASHINGTON AVE**  
**HOMESTEAD, FL 33030**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees    In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO AGERO, CHARLES JR. 204 WASHINGTON AVE HOMESTEAD, FL 33030 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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      Date      Daytime Phone #