


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90366 049 ***150.00

DOCUMENT # P98000083451

1. Entity Name
JOEL FRIEND AND ASSOCIATES, INC.



Principal Place of Business
**20871 JOHNSON STREET
 SUITE 103
 PEMBROKE PINES, FL 33029**

Mailing Address
**20871 JOHNSON STREET
 SUITE 103
 PEMBROKE PINES, FL 33029**



2. Principal Place of Business
2200 N. Commerce Parkway

3. Mailing Address
2200 N. Commerce Parkway

Suite, Apt. #, etc.
Suite 202

04202006 Chg-P CR2E034 (11/05)

City & State
Weston, Florida

City & State
Weston, Florida

Zip Country
33326 U.S.A.

Zip Country
33326 U.S.A.

4. FEI Number
65-0866178

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRIEND, JOEL
 20871 JOHNSON STREET STE 103
 PEMBROKE PINES, FL 33029**

7. Name and Address of New Registered Agent

Name **Joel Friend**

Street Address (P.O. Box Number is Not Acceptable)
2200 N. Commerce Parkway, Ste. 202

City **Weston** FL Zip Code **33326**

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 *Joel Friend President* DATE 4/25/2006

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIEND, JOEL		NAME Joel Friend	
STREET ADDRESS 20871 JOHNSTON ST STE 103		STREET ADDRESS 2200 N. Commerce Parkway, Ste. 202	
CITY-ST-ZIP PEMBROKE PINES, FL 33029		CITY-ST-ZIP Weston, FL 33326	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Joel Friend* DATE 4/25/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #