## **2007 FOR PROFIT CORPORATION**

## FILED Apr 30, 2007 08:00 Al te -

, ANNUAL REPORT				Secretary of Sta			
DOCUMENT # P99000096484					ì	secretai	ry oi Sta
<ol> <li>Entity Name</li> <li>FRIENDL</li> </ol>	Y CONSTRUCTION COMPA	, NY					
'							
Principal Plac	e of Business	Mailing Address		1			
1601 HARRI HOLLYWOOD		PO BOX 221310 HOLLYWOOD, FL 33022					
11012111000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOLETWOOD, TE SSOZE			8   <b>5</b>     18   18   18   18   18   18   18	 	
		Riceria Carp & Compact	the fire the s				
			1	00000007	No Chg-P	CD2E024 (44)	(OE)
Ĺ	O NOT WRITE	IN THIS SPA	(CE	03292007		CR2E034 (11/	
	BANGA SAMPLAN	<b>"特别"。他想到</b>		4. FEI Numb 65-101			Applied For Not Applicable
A design				5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional
	6. Name and Address of Current Re	gistered Agent		<u>.</u>	•	1. 100	, , , ,
FRIEND, L		•		DO	NOT W	DITE	
1411 HARRISON ST HOLLYWOOD, FL 33020							
			Late the s	` IN	THIS SF	'ACE	The state of the s
8. The above the obligat	named entity submits this statement for thions of registered agent.	e purpose of changing its registe	ered office or registe	red agent, or bo	th, in the State of Fl	orida. I am familiar	with, and accept
SIGNATURE							
	Signature, typed or printed name of registered agent and		ared Agent signature require	d when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00. ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution		.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS		<b>.</b>	to the same to the	, m	
TITLE NAME	P FRIEND, LOUIS						
STREET ADDRESS CITY+ST-ZIP	1411 HARRISON STREET HOLLYWOOD, FL 33020		5798215		神影片就是		
TITLE	TIOCET WOOD, TE 33020				1 2 2	000074501	9 ( ) 1 ( ) ( )
NAME STREET ADDRESS					" 05/16	707-80011	<del>-</del> 025 150.00
CITY-ST-ZIP					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s
TITLE.		,				ं । 	t in the grade
STREET ADDRESS	,			. DO	NOT W	DITE	
CITY-ST-ZIP					r I		
NAME				IN	THIS SF	ACE	
STREET ADDRESS CITY+ST-ZIP			6 8 3. 3. 4				
TITLE				47			
NAME STREET ADDRESS	'				3 to 2 1 3 5 .		
CITY-ST-ZIP				4 1 6 3 4	راوا الماسي	a talan dan	

12. It 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR