


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90074 003 \*\*\*150.00

<b>DOCUMENT # P99000097272</b>		
1. Entity Name <b>FRIENDS AMERICA, INC.</b>		

Principal Place of Business <b>8280 N.W. 27TH STREET SUITE 505 MIAMI FL 33122</b>	Mailing Address <b>8280 N.W. 27TH STREET SUITE 505 MIAMI FL 33122</b>
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2. Principal Place of Business <b>4218 NE 2nd Avenue Suite, Apt. #, etc. 1st Floor</b>	3. Mailing Address <b>4218 NE 2nd Avenue Suite, Apt. #, etc. 1st Floor</b>
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1st MOORE CR2E034 (10/04)

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33137</b>	Zip <b>33137</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0960331</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FIGARI, VITTORIO 8280 N.W. 27TH STREET SUITE 505 MIAMI FL 33122</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4218 NE 2nd Avenue, 1st Floor</b> City <b>Miami</b> FL Zip Code <b>33137</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS FIGARI, VITTORIO 90 ALTON RD # 2803 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1000 S. Pointe Drive #503 Miami Beach, FL 33139</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:  **Vittorio Figari** 4/25/05 (305) 572-0123  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #