

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006098

**Entity Name:** PHIL'S ELITE FRIENDS, INC.

**Current Principal Place of Business:**

1000 ADAMS STREET  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

PO BOX 220667  
HOLLYWOOD, FL 33022-0667 US

**FEI Number:** 46-1164468

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BEREN-SOSNICK, JULIA MRS.  
1000 ADAMS STREET  
HOLLYWOOD, FL 33019 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                        |
|-----------------|----------------------------------------|
| Title           | P                                      |
| Name            | BEREN-SOSNICK, JULIA MRS.              |
| Address         | 1000 ADAMS STREET                      |
| City-State-Zip: | HOLLYWOOD FL 33019                     |
| Title           | VP                                     |
| Name            | UMANA, XIOMARA                         |
| Address         | 6447 MIAMI LAKES DRIVE EAST, STE. 101A |
| City-State-Zip: | MIAMI LAKES FL 33014                   |
| Title           | VP                                     |
| Name            | BEREN, HANNAH K                        |
| Address         | 6335 WEST NORTHWEST HWY. STE 412       |
| City-State-Zip: | DALLAS TX 75225                        |

|                 |                         |
|-----------------|-------------------------|
| Title           | VP                      |
| Name            | MILLER, JOSLYNN D       |
| Address         | 6693 WINDSOR LANE       |
| City-State-Zip: | MIAMI FL 33141          |
| Title           | S                       |
| Name            | VIGLIONE, VALERIE       |
| Address         | 1428 NE 16 TERRACE      |
| City-State-Zip: | FT. LAUDERDALE FL 33304 |
| Title           | TREASURER               |
| Name            | JASINTO, JUDY           |
| Address         | 2200 EVERGLADES DR      |
| City-State-Zip: | MIRAMAR FL 33023        |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIA BEREN-SOSNICK

**PRESIDENT**

**03/31/2015**

Electronic Signature of Signing Officer/Director Detail

Date