

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 609776	
1. Entity Name FRANYIE ENGINEERS INC.	

Principal Place of Business 10610 N.W. 27 STREET MIAMI, FL 33172	Mailing Address 10610 N.W. 27 STREET MIAMI, FL 33172
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1911701	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VIVIANA FRANYIE CIURA 10610 N.W. 27 STREET MIAMI, FL 33172
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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 _____
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRANYIE, ANTONIO 10610 N.W. 27 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT FRANYIE, LETICIA M 10610 N.W. 27 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANYIE-LECUSAY, VIVIANA 10610 N.W. 27 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S FRANYIE, ANTONIO A. 10610 N.W. 27 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000598165
01/24/07-80063-018 158.75

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: *Leticia Franyie* 1/17/07 *Director*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 305 592 1368