


ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90356 045 ***150.00

DOCUMENT # F99718 1. Entity Name FRAISANT ENTERPRISES COMPANY	
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Principal Place of Business 180 ISLAND DRIVE KEY BISCAVNE, FL 33149-2410	Mailing Address 180 ISLAND DRIVE KEY BISCAVNE, FL 33149-2410
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2261801	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CELEIRO, FRANCISCO M
180 ISLAND DRIVE
KEY BISCAVNE, FL 33149**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS CELEIRO, FRANCISCO M. 180 ISLAND DRIVE KEY BISCAVNE, FL 331492410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIYASHIKI, EVA 180 ISLAND DRIVE KEY BISCAVNE, FL 331492410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS FRANCISCO, MARTINEZ 180 ISLAN DRIVE KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **FRANCISCO MARTINEZ CELEIRO** 04/18/2005 (305) 576-7800

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