


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90078 050 ***150.00

| | |
|---------------------------------------|---|
| DOCUMENT # P00000026243 |  |
| 1. Entity Name FRAM FED NINE, INC. | |

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| Principal Place of Business 1500 N. FEDERAL HWY., SUITE 200 FT. LAUDERDALE, FL 33304 | Mailing Address 1500 N. FEDERAL HWY., SUITE 200 FT. LAUDERDALE, FL 33304 |
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0999819 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MASTRIANA, F. RONALD
 1500 N. FEDERAL HWY., SUITE 200
 FT. LAUDERDALE, FL 33304

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MASTRIANA, RONALD F 1500 N FEDERAL HWY STE 200 FORT LAUDERDALE, FL 33304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT MASTRIANA-SOLAL, ALEXANDRA 1500 N FEDERAL HWY STE 200 FORT LAUDERDALE, FL 33304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS MASTRIANA, BRIEN 1500 N FEDERAL HWY STE 200 FORT LAUDERDALE, FL 33304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: 

4-29-08 ⁹⁵⁴⁻ 566-1234
 Date Daytime Phone #

RONALD MASTRIANA