


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000026247 1. Entity Name FRAM BEACH ONE, INC.	
---	---

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
--	--

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1023744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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, 2007 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, ALEXANDRIA 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	

U00000622433
02/13/07-80026-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  1-31-07 Date **954-566-1234** Daytime Phone #