

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000026243

**Entity Name:** FRAM FED NINE, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0999819

**Certificate of Status Desired:** No

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

MASTRIANA, F. RONALD  
1500 N. FEDERAL HWY., SUITE 200  
FT. LAUDERDALE, FL 33304 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 PD  
Name MASTRIANA, F. RONALD  
Address 1500 N FEDERAL HWY STE 200  
City-State-Zip: FORT LAUDERDALE FL 33304

Title DVT  
Name MASTRIANA-SOLAL, ALEXANDRA  
Address 1500 N FEDERAL HWY STE 200  
City-State-Zip: FORT LAUDERDALE FL 33304

Title DVS  
Name MASTRIANA, BRIEN  
Address 1500 N FEDERAL HWY STE 200  
City-State-Zip: FORT LAUDERDALE FL 33304

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** F. RONALD MASTRIANA

**PRESIDENT**

**02/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date