

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000083776

Entity Name: FRAR CORPORATION**Current Principal Place of Business:**C/O 255 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES, FL 33134**Current Mailing Address:**C/O 255 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES, FL 33134**FEI Number:** 99-0381208**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARAGON REGISTERED AGENTS, INC.
255 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES, FL 33134 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	ARAMBURU, CLAUDIA ELENA
Address	C/O 255 ALHAMBRA CIRCLE SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	SD
Name	RABSIUN, ESTEBAN SIMON
Address	C/O 255 ALHAMBRA CIRCLE SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	TVPD
Name	RABSIUN ARAMBURU, MARTIN ESTEBAN
Address	C/O 255 ALHAMBRA CIRCLE SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	VPD
Name	RABSIUN ARAMBURU, CARLOS ESTEBAN
Address	C/O 255 ALHAMBRA CIRCLE SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	VPD
Name	RABSIUN ARAMBURU, IGNACIO ESTEBA
Address	C/O 255 ALHAMBRA CIRCLE SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

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: CLAUDIA ELENA ARAMBURU

PD

04/18/2013

Electronic Signature of Signing Officer/Director Detail_____
Date