

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90087 039 ***150.00

DOCUMENT # 478517

1. Entity Name
STEPHEN FRANK ASSOCIATES, INC.



Principal Place of Business
**2601 S BAYSHORE DR
PENTHOUSE 1A
MIAMI, FL 33133 US**

Mailing Address
**780 LUGO AVENUE
CORAL GABLES, FL 33156**

2. Principal Place of Business - No P.O. Box #
780 LUGO AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES FL

City & State

Zip **33136** Country **USA**

Zip Country

03152007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1604334 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANK, STEPHEN
780 LUGO AVENUE
CORAL GABLES, FL 33156**

7. Name and Address of New Registered Agent

Name **FRANK, ELISABETH**

Street Address (P.O. Box Number is Not Acceptable)
780 LUGO AVE

City **CORAL**

FL Zip Code

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 **Elisabeth Frank**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/07

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 **P** ☒ Delete
NAME **FRANK, STEPHEN**
STREET ADDRESS **780 LUGO AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE **S** ☐ Delete
NAME **FRANK, ELISABETH**
STREET ADDRESS **780 LUGO AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE **V** ☒ Delete
NAME **FRANK, SABINA**
STREET ADDRESS **2666 TIGERTAIL AVE 203**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **HOLTZMAN, SABINA**
STREET ADDRESS **780 LUGO AVE**
CITY-ST-ZIP **CORAL GABLES, FLORIDA 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sabina Holtzman

3-15-2007

305-812-2949

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #