


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 560128</b> 1. Entity Name FRAM ENTERPRISES, 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**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2167751	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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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**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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MASTRIANA, F RONALD 1500 N FEDERAL HWY STE 200 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTRIANA, F RONALD 1500 N FEDERAL HWY STE 200 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHRISTIANSEN, MICHAEL ER 1500 N FEDERAL HWY STE 200 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/07-80018-017 150.00

**POSTED**

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 my address with all other like empowered.

<b>SIGNATURE:</b> 	<b>F. Ronald Mastriana</b>	<b>2-2-07</b>	<b>954-566-1234</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>