2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004884

1. Entity Name
FRAM MULTI-SOURCES, INC.

Principal Place of Business	Mailing Address
2800 ISLAND BLVD., STE. 2201 AVENTURA, FL 33160	2800 ISLAND BLVD., STE. 2201 AVENTURA, FL 33160

DO NOT WRITE IN THIS SPACE

04012004 No Chg-P CR2E054 (10/03)

4. FEI Number
23-2872089
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, RICHARD E
2800 ISLAND BLVD., STE. 2201
AVENTURA, FL 33160

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000112749
04/14/04-80036-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	MENGRONE, FRANK
STREET ADDRESS	675A YARBOROUGH WAY SOUTH
CITY-ST-ZIP	MONROE TWP, NJ
TITLE	VCVP
NAME	ROSS, RICHARD E
STREET ADDRESS	2800 ISLAND BLVD., STE. 2201
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	S
NAME	ROSS, RICHARD E
STREET ADDRESS	2800 ISLAND BLVD., STE. 2201
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard E. Ross 4-10-04 305-466-1911
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #