

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F41627 1. Entity Name FRAMA INVESTMENT CORPORATION, INC.					
Principal Place of Business 1518 STATE AVE A HOLLY HILL FL 32117			Mailing Address 1518 STATE AVENUE SUITE A HOLLY HILL FL 32117 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2123507	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARKOVICS, HELGA J 1518 STATE AVE A HOLLY HILL FL 32117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
	PD	FRANCHESCHI, MAURO	1518 STATE AVE #A HOLLY HILL, FL 00000		
	ST	MARKOVICS, HELGA	1518 STATE AVE #A HOLLY HILL, FL 00000		
	VD	MALVENTANO, FRANCO	1518 STATE AVE #A HOLLY HILL, FL 00000		
	VD	FRANCHESCHI, SANTE	1518 STATE AVE #A HOLLY HILL, FL 00000		
	VD	FRANCHESCHI, JUAN GUIDO	1518 STATE AVE #A HOLLY HILL, FL 00000		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
			1000000455240 03/15/06-80048-009 150.00		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* 9-6-2006 (386)677-3741