

ANNUAL REPORT (AR)

DOCUMENT # F41627

1. Entity Name

FRAMA INVESTMENT CORPORATION, INC.



FILED
Mar 01, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-2123507

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKOVICS, HELGA J
 1518 STATE AVE A
 HOLLY HILL FL 32117

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME FRANCHESCHI, MAURO
 STREET ADDRESS 1518 STATE AVE #A
 CITY-STATE-ZIP HOLLY HILL, FL 00000

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 000000653098
 03/13/07-80006-012 150.00

TITLE ST ☐ Delete
 NAME MARKOVICS, HELGA
 STREET ADDRESS 1518 STATE AVE #A
 CITY-STATE-ZIP HOLLY HILL, FL 00000

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

TITLE VD ☐ Delete
 NAME MALVENTANO, FRANCO
 STREET ADDRESS 1518 STATE AVE #A
 CITY-STATE-ZIP HOLLY HILL, FL 00000

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

TITLE VD ☐ Delete
 NAME FRANCHESCHI, SANTE
 STREET ADDRESS 1518 STATE AVE #A
 CITY-STATE-ZIP HOLLY HILL, FL 00000

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

TITLE VD ☐ Delete
 NAME FRANCHESCHI, JUAN GUIDO
 STREET ADDRESS 1518 STATE AVE #A
 CITY-STATE-ZIP HOLLY HILL, FL 00000

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2007 (386) 677-3741