

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90084 017 \*\*\*150.00

**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**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2123507**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

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 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 to an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/08**

Date

**(386) 677-3741**

Daytime Phone #