


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F57477	
1. Entity Name FRALURA INC.	

Principal Place of Business 250 CATALONIA 3-401 CORAL GABLES, FL 33134 US	Mailing Address 250 CATALONIA 3-401 CORAL GABLES, FL 33134 US
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01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2435227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DURAN, ALFREDO G. 2601 S BAY SHORE DR S-1400 MIAMI, FL 33133
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

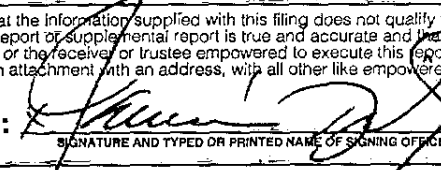
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORTA, RAMON E 250 CATLONIA AVE, S-401 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DORTA, RAMON 250 CATLONIA AVE, S-401 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORTA, FRANCISCO 250 CATLONIA AVE, S-401 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORTA, LUIS 250 CATLONIA AVE, S-401 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DORTA, EDUARDO 250 CATLONIA AVE, S-401 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000188338
01/24/05-80052-007 150.00

**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 of 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

01/18/05 Date
1011 (305) 567-0097 Daytime Phone #
1011 (305) 207-9027