

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
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



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2435227

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

**DURAN, ALFREDO G.
2601 S BAY SHORE DR
S-1400
MIAMI, FL 33133**

**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 \$160.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DORTA, RAMON E
STREET ADDRESS 250 CATLONIA AVE, S-401
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VP
NAME DORTA, RAMON
STREET ADDRESS 250 CATLONIA AVE, S-401
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE TD
NAME DORTA, FRANCISCO
STREET ADDRESS 250 CATLONIA AVE, S-401
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SD
NAME DORTA, LUIS
STREET ADDRESS 250 CATLONIA AVE, S-401
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VS
NAME DORTA, EDUARDO
STREET ADDRESS 250 CATLONIA AVE, S-401
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ramon Dorta VP

April 21, 2007 (305) 567-0097