2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H38924

1. Entity Name
FRANKOW ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6150 SW 15TH ST.	6150 SW 15TH ST.
NORTH LAUDERDALE, FL 33068	NORTH LAUDERDALE, FL 33068

DO NOT WRITE IN THIS SPACE

02132007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2507374	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKOW, DOUGLAS G.
6150 SW 15TH ST.
NORTH LAUDERDALE, FL 33068

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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

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

10.	OFFICERS AND DIRECTORS
TITLE	PTS
NAME	FRANKOW, DOUGLAS G.
STREET ADDRESS	6150 SW 15TH ST.
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/07-80072-013 150.00

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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: _Douglas D Frankow Pres._   _Feb. 13, 2007_ 954-980-5789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
DOUGLAS G. FRANKOW PRES.