

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # J56585					
1. Entity Name FRAGRA INVESTMENTS, INC.					
Principal Place of Business 4701 NW 79TH AVENUE MIAMI FL 33166			Mailing Address 4701 NW 79TH AVENUE MIAMI FL 33166		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2785801 <input type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRANDE, FRANK A 14891 SW 71ST MIAMI FL 33193			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT <input type="checkbox"/> Delete	TITLE	U00000328248 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/25/05-80071-003 150.00		
NAME	GRANDE, FRANK A	NAME			
STREET ADDRESS	14891 SW 71ST	STREET ADDRESS			
CITY- ST- ZIP	MIAMI FL 33193	CITY- ST- ZIP			
TITLE	VS <input type="checkbox"/> Delete	TITLE			
NAME	GRANDE, FRANCINE	NAME			
STREET ADDRESS	14891 SW 71ST	STREET ADDRESS			
CITY- ST- ZIP	MIAMI FL 33193	CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
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TITLE	<input type="checkbox"/> Delete	TITLE			
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CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: FRANK A. GRANDE **PRESIDENT** 4/21/05 305-477-2817
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #