

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J92099

1. Entity Name
FRANFIL, INC.



Principal Place of Business
**10239 NW 51ST LANE
MIAMI, FL 33178**

Mailing Address
**10239 NW 51ST LANE
MIAMI, FL 33178**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0038972

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAMBROT, JOSEPH A ESQ
950 NW 22ND AVENUE
MIAMI, FL 33125**

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SGANGA, RAQUEL
STREET ADDRESS	10239 NW 51 LANE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	S
NAME	SGANGA, GIOVANNA
STREET ADDRESS	10239 NW 51 LANE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	O
NAME	SGANGA, SELENE
STREET ADDRESS	10239 NW 51 LANE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/06-80005-011 150.00

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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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raquel Sganga
1/30/06 305-468965

Date

Daytime Phone #