


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90220 038 ***163.75

DOCUMENT # K69427 1. Entity Name FRANK'S GOLF CAR SERVICE, INC.	
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Principal Place of Business 10058 SPANISH ISLES BLVD BAY F-1 BOCA RATON, FL 33498	Mailing Address 10058 SPANISH ISLES BLVD BAY F-1 BOCA RATON, FL 33498
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DO NOT WRITE IN THIS SPACE

40106813



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0115032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARAYA, FRANCISCO 10058 SPANISH ISLES BLVD BAY F-1 BOCA RATON FL, FL 33498

**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 \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARAYA, FRANCISCO 10870 OLD BRIDGE PORT LANE BOCA RATON, FL
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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 **4/28/08** **561-487-2545**
Date Daytime Phone #