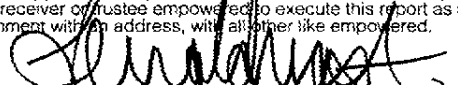


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L34440 1. Entity Name FRAM FED FOUR, INC.					
Principal Place of Business 1500 N FEDERAL HWY 200 FT LAUDERDALE FL 33304			Mailing Address 1500 N FEDERAL HWY 200 FT LAUDERDALE FL 33304		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0163678 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Barcode:  MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent MASTRIANA, F. RONALD, ESQ. 1500 N FEDERAL HWY SUITE 200 FORT LAUDERDALE FL 33304				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
D MASTRIANA, R. BRIAN 1500 N FEDERAL HWY, STE 2000 FORT LAUDERDALE FL 33304				U000000025790 02/02/04-80120-001 150.00	
S MASTRIANA, F. RONALD 1500 N. FEDERAL HWY, STE 200 FORT LAUDERDALE FL 33304				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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)(i), 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: 				1-31-04 954-566-1234	