

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90038 048 \*\*\*150.00

DOCUMENT # M13207		03-01-2004 90038 048 ***150.00	
1. Entity Name			
Fromal Investment Corporation			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
1300 S. Army Navy Rd.		1300 S. Army Navy Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 923		Suite 923	
City & State		City & State	
Arlington, VA		Arlington, VA	
Zip	Country	Zip	Country
22202	USA	22202	USA
4. FEI Number		Applied For	
58-1628211		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name	
		del Valle, Manuel R.	
		Street Address (P.O. Box Number is Not Acceptable)	
		7270 N.W. 12th St., Suite 761	
		City	Zip Code
		Miami	FL 33126
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	
XXXXXXXXXXXXXXXXXXXX		XXXXXXXXXX	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
January 1 - May 1 Fee is \$150.00		9. Election Campaign Financing	
After May 1, Fee is \$550.00		Trust Fund Contribution.	
Amended UBR is \$61.25		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D/P/S/T	TITLE	
NAME	Martinez, Rafael	NAME	
STREET ADDRESS	701 Ponce de Leon Ave., Suite 407	STREET ADDRESS	
CITY - ST - ZIP	San Juan, PR 00907	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE		787-721-1140	
Rafael Martinez		2/19/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54013553

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**7. Name and Address of Current Registered Agent**

Name  
del Valle, Manuel R.  
Street Address (P.O. Box Number is Not Acceptable)  
7270 N.W. 12th St., Suite 761

City	FL	Zip Code
Miami		33126

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Signature, typed or printed name of registered agent and title if applicable.

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DATE \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

Amended UBR is \$61.25

**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

TITLE	D/P/S/T
NAME	Martinez, Rafael
STREET ADDRESS	701 Ponce de Leon Ave., Suite 407
CITY - ST - ZIP	San Juan, PR 00907

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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Rafael Martinez

Date \_\_\_\_\_

787-721-1140

Daytime Phone #

STF FL32381F 1

CR2E034B (12/02)