

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90188 001 ***150.00

DOCUMENT # M13207
1. Entity Name Fromal Investment Corporation

DO NOT WRITE IN THIS SPACE

50023950

2. Principal Place of Business 1300 S. Army Navy Rd. Suite, Apt. #, etc. Suite 923 City & State Arlington, VA Zip 22202	3. Mailing Address 1300 S. Army Navy Rd. Suite, Apt. #, etc. Suite 923 City & State Arlington, VA Zip 22202
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4. FEI Number 58-1628211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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)
7300 N.W. 19th St., Suite 101
City
Miami **FL** **Zip Code**
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

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

(NOTE: Registered Agent signature required when reinstating)

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)(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:


Rafael Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/05

787-721-1140

Daytime Phone #