

2006

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

**FILED
Mar 15, 2006 8:00 am
Secretary of State**

03-15-2006 90089 041 ***150.00

40031518

DOCUMENT # M13207 1. Entity Name Fromal Investment Corporation				DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 1300 S. Army Navy Rd. Suite, Apt. #, etc. Suite 923 City & State Arlington, VA Zip 22202 Country USA					
3. Mailing Address 1300 S. Army Navy Rd. Suite, Apt. #, etc. Suite 923 City & State Arlington, VA Zip 22202 Country USA					
DO NOT WRITE IN THIS SPACE				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				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<div style="display: flex; justify-content: space-between;"> <div> 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 </div> <div> NOTE: Registered Agent signature required when reinstating) </div> <div> DATE _____ </div> </div>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				DO NOT WRITE IN THIS SPACE	
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				
TITLE					
NAME					
STREET ADDRESS					
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)(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 as an attachment with an address, with all other like employees.					
SIGNATURE: _____				Rafael Martinez	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>3/8/06</u> Daytime Phone # <u>787-721-1140</u>	

CR2E034B (12/02)