

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2008 90179 044 ***150.00

DOCUMENT # M99236

1. Entity Name
FRONTIER PRODUCTS, INC.



Principal Place of Business
**% ALFRED M. KROPAT
829 N.W. 6TH AVE.
DANIA, FL 33004**

Mailing Address
**% ALFRED M. KROPAT
829 N.W. 6TH AVE.
DANIA, FL 33004**

2. Principal Place of Business - No P.O. Box #
1012 SW 18 CT.
Suite, Apt. #, etc.

3. Mailing Address
1012 SW 18 CT.
Suite, Apt. #, etc.



04232008 Chg-P CR2E034 (12/06)

City & State
Fort Lauderdale FL
Zip
33314 Country
USA

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Fort Lauderdale FL
Zip
33314 Country
USA

4. FEI Number
65-0078293
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KROPAT, ALFRED M
829 NW 6 AVE
DANIA, FL 33004**

7. Name and Address of New Registered Agent
Name
Robert E. Graham
Street Address (P.O. Box Number is Not Acceptable)
1012 SW 18 CT.
City
Fort Lauderdale FL Zip Code
33314

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]** DATE **4-27-08**
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROPAT, ALFRED M. 829 N.W. 6TH AVE. DANIA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KROPAT, DEBORAH S 829 NW 6TH AVE DANIA, FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Robert E. Graham 1012 S.W. 18 CT Fort Lauderdale, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treas. Kristin Graham 1012 S.W. 18 CT. Fort Lauderdale, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Alfred M. Kropat** Date: **Apr. 27, 2008** 954-932-9843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR