2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # P00000026243 1. Entity Name FRAM FED NINE, INC. Principal Place of Business Mailing Address 1500 N. FEDERAL HWY., SUITE 200 FT. LAUDERDALE FL 33304 1500 N. FEDERAL HWY., SUITE 200 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc CR2E034 (11/03) MOORE City & State Applied For City & State 4. FEI Number 65-0999819 Not Applicable Zip Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MASTRIANA, F. RONALD Street Address (P.O. Box Number is Not Acceptable) 1500 N. FEDERAL HWY., SUITE 200 FT. LAUDERDALE FL 33304 City Zip Code FL 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 fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition DP TILE Delete BBF U00000025689 02/02/04-80116-018 150.00 MASTRIANA, RONALD F NAME NAME STREET ADDRESS STREET ADDRESS 1500 N FEDERAL HWY STE 200 CHTY-ST-7IP FORT LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Change ☐ Addition מעמ TITE TITLE ☐ Delete NAME MASTRIANA-SOLAL, ALEXANDRA NAME STREET ADDRESS 1500 N FEDERAL HWY STE 200 STREET ADDRESS CSTY - ST3 - 28P CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Delete TITLE ☐ Change ☐ Addition TITLE DVS NAME MASTRIANA, BRIEN NAME STREET ADDRESS STREET ADDRESS 1500 N FEDERAL HWY STE 200 CATY - ST - ZAP City-St-ZiP FORT LAUDERDALE FL 33304 ☐ Delete TITLE Change Addition BELE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-789 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 trusteetempowered 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 five empowered.

1.31-04

954-566-1234

FILED