

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90169 024 ***150.00

DOCUMENT # P00000059623

1. Entity Name
FRANJA, CORP.



Principal Place of Business
**216 W RIVERBEND DRIVE
SUNRISE, FL 33326 US**

Mailing Address
**216 W RIVERBEND DRIVE
SUNRISE, FL 33326 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FID Number

85-1028585

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OVIEDO, JAVIER
216 W RIVERBEND DR
SUNRISE, FL 33326**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. This 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 or both (if applicable)

(NOTICE: Registered Agent signature required after consulting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$650.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
OVIEDO, JAVIER
16100 GOLF CLUB RD. APT. 107
FORT LAUDERDALE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
OVIEDO, JAVIER
216 W RIVERBEND DR
SUNRISE, FL 33326**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06

954 659 1950.