## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P01000095998**

1. Entity Name

FRANK WORLDWIDE, INC.



Principal Place of Business

Mailing Address

4040 NE 2ND AVE SUITE 401 MIAMI, FL 33137 4040 NE 2ND AVE SUITE 401 MIAMI, FL 33137

## FILED Jul 21, 2008 8:00 am Secretary of State

07-21-2008 90027 015 \*\*\*158.75



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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1145271 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALDEN, BRETT 4040 NE 2ND AVE SUITE 401 MIAMI, FL 33137

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MIAMI, FL 33137			IN THIS SPACE		
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and talk	and applicability (NIOTE Disputation	d A colored at the colored	raquilad whan ranstating)	DAT <b>E</b>
	эдлагин, турес от риллео патты от гедізалесі аделі апстал	в паружевон (поте леуктана	n Agent signature	· Leddined Alexa Leurstating)	DAILE
	LE NOW!!! FEE IS \$550.00 ue by September 12, 2008	Election Campaign Finar Trust Fund Contribution.	icing	<b>\$5.00</b> May Be Added to Fees	
10,	ÖFFICERS AND DIRE	CTORS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALDEN, BRETT 4040 N.E. 2ND. AVE. SUITE 401 MIAMI, FL 33137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE HAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STHEET ADDRESS CHY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP					2
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•
12. Thereby o	certify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the exe	emptions cor ure shall hav	ntained in Chapter 119	), Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director

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

305. 576.1119

Dat∸