

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90084 023 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 02000034905			
1. Entity Name FRAME EAST CORP.			
Principal Place of Business 800 NORTH MIAMI AVENUE #705-E MIAMI, FL 33136		Mailing Address 800 NORTH MIAMI AVENUE #705-E MIAMI, FL 33136	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Name and Address of Current Registered Agent VENOHR, SONIA MARIA 800 NORTH MIAMI AVENUE #705 MIAMI, FL 33136		4. FEI Number 04-3658428 Applied For ☐ Not Applicable	
5. Name and Address of New Registered Agent		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. 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.		7. Name and Address of New Registered Agent	
SIGNATURE <i>Sonia Maria Veno</i> Signature typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENOHR, SONIA MARIA 800 NORTH MIAMI AVENUE #705 MIAMI, FL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.17(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the 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 "C" or Block "D" if changed, or on an attachment with an address, with all other like information.			
SIGNATURE <i>Sonia Maria Veno</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	