## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 31, 2007 08:00 AM Secretary of State DOCUMENT # P0200034905 1. Entity Name FRAME EAST CORP. Principal Place of Business Mailing Address 800 NORTH MIAMI AVENUE #705-E 800 NORTH MIAMI AVENUE #705-E MIAMI, FL 33136 MIAMI, FL 33136 01182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3658428 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VENOHR, SONIA MARIA DO NOT WRITE 800 NORTH MIAMI AVENUE #705 MIAMI, FL 33136 IN THIS SPACE 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 title if applicable (NOTE Registered Agent signature required when reinstating) - 9. Election Campaign Financing "" FILE NOW!!! "FEE IS \$150.00 " \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS HILE VENOHR, SONIA MARIA NAME 800 NORTH MIAMI AVENUE, #705 STREET ADDRESS 100000013842 CITY-ST-ZP MIAMI, FL 33136 42/06/07-80001-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

86 280 1236

FILED