

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-08-2007 90054 050 \*\*\*150.00

P02000133522

FILED

2007 FEB 23 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06)

|  |   |   |   |
|--|---|---|---|
| DOCUMENT # P02000133522  |   |   |   |
| 1. Entity Name<br>FRASTAT INC.   |   |   |   |
| Principal Place of Business<br>3146 LITTLE RD.<br>TRINITY FL 34655<br>US   |   | Mailing Address<br>3146 LITTLE RD.<br>TRINITY FL 34655<br>US  |   |
| 2. Principal Place of Business - No P.O. Box #<br>3146 Little Rd   |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.<br>Trinity FL 34655  |   | Suite, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 4. FEI Number<br>05-0545921  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br>SALON, LA BEH<br>3146 LITTLE ROAD<br>TRINITY FL 34655   |   | 7. Name and Address of New Registered Agent<br>Name: Eleni KAZAKI<br>Street Address (P.O. Box Number is Not Acceptable): 4247 McClung Dr.<br>City: New Port Richey FL Zip Code: 34653 |   |
| 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  |   | DATE  |   |
| Signature, typed or printed name of registered agent and title applicable.   |   | (NOTE: Registered Agent signature required when reinstating)  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | P<br>KAZAKI, ELENI<br>4247 MCCLUNG DR.<br>NEW PORT RICHEY FL 34653<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Eleni Kazaki  |   | President 11/31/07  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date  |   |

As a corporation to be K... 2/27/07 B...