

DOCUMENT # P03000021548

1. Entity Name
FRANKO TOOLS, INC.

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90325 044 ***150.00

Principal Place of Business Mailing Address
 4881 N.W. 22 STREET 4881 N.W. 22 STREET
 APT. 4-B APT. 4-B
 LAUDERHILL, FL 33313 US LAUDERHILL, FL 33313 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



04262004 Chg-P CR2E034 (10/03)

4. FEI Number 43-1999929 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRANKO, ELIAHU
 4881 N.W. 22 STREET
 APT 4-B
 LAUDERHILL, FL 33313

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 holding title) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	FRANKO, ELIAHU	
STREET ADDRESS	4881 N.W. 22 STREET, APT 4-B	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	VP	☐ Delete
NAME	SIMMON, HADASSA	
STREET ADDRESS	4881 N.W. 22 STREET, APT 4-B	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: HADASSA SIMMON U.P. 04/20/04 (954) 485-7001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #