## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # P0400005674  1. Entity Name FRANCO PLUS TWO, INC					04-04-2005 90069 016 ***150.00				
Principal Place		Mailing Address	_						
1805 N 42NI • HOLLYWOOD		1805 N 42ND AVENUE Hollywood, FL 3302	1805 N 42ND AVENUE Hollywood, Fl 33021		I TRANSPI TU	<b></b>	ı <b>88</b> 111 <b>8818</b> 1 <b>8</b> 1	IIT FINI ITTI TIC	<b>  11   1   1   1   1   1</b>   1   1   1
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03282005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State	City & State		4. FEI Numbe	560471			plied For t Applicable
Zip	Country or in	Zip	Country	1		of Status Desired		\$8.75 Addi Fee Required	
	Management	7	7. Name and	Address of New R	egistered /	lgent			
RUIZ, HUC	60,A	Name	нате						
1805 N 42	ND AVENUE OOD, FL 33021	Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
HOLLIVO	, f								,
			City				FL	Zip Code	3
8. The above the obligat	named entity submits this stateme ions of registered agent.	ent for the purpose of changing its	registered office or re-	gistered	d agent, or bot	h, in the State of Flo	rida. Lam	amiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FIL After Ma	E NOWI!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5	9. Election Campa 50.00 Trust Fund Conf		<b>\$5.0</b> Added	May Be i to Fees				i
10.		AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME	PS RUIZ, HUGO A	☐ Delete	.TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	1805 N 42ND AVENUE	STREET ADDRESS							
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP						
TITLE NAME	VT RUIZ, CARMEN B	☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS	1805 N 42ND AVENUE	STREET ADDRESS							
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP				<del></del>		
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	<u></u>		CITY-ST-ZIP						
TITLE NAME	* •	☐ Delete	TITLE NAME				-	☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	k.		CITY-ST-ZIP						
TITLE		Delete	TITLE					☐ Change	☐ Addition
NAME Street Address			NAME STREET ADDRESS						l :
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP				•		
12. I hereby of indicated	certify that the information supplied on this report or supplemental rep	d with this filing does not qualify fo port is true and accurate and that i	or the exemption stated my signature shall have	in Secti	tion 119.07(3)(i ime legal effec	i), Florida Statutes. t as if made under o	I further cer	tify that the in	nformation or director

-12. I needy certify that the information supplied with this filling 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 trusfee 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

ATUME AND EVERY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-966-84 Daytine Prione #