

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

05-27-2005 90024 041 ***150.00

DOCUMENT # P04000071141 1. Entity Name FRAZIER ENTERPRISE & DEVELOPMENT CORP.					
Principal Place of Business 6475 WEST OAKLAND PARK BOULEVARD SUITE 102 FORT LAUDERDALE, FL 33313 US			Mailing Address 6475 WEST OAKLAND PARK BOULEVARD SUITE 102 FORT LAUDERDALE, 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		
4. FEI Number 20-1068779			Applied For <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 RAMSINGH & BALDWIN PA 801 BRICKELL AVENUE 9TH FLOOR MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRAZIER, DESIE A 6475 WEST OAKLAND PARK BOULEVARD, #102 FORT LAUDERDALE, FL 33313 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: _____			5/20/05 <small>Date</small>		
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			954 444-0694 <small>Daytime Phone #</small>		

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