


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

08-04-2006 90017 027 \*\*\*550.00

<b>DOCUMENT # P04000077186</b>	
1. Entity Name <b>FRAME-PRO CONSTRUCTION CORP.</b>	

Principal Place of Business <b>6286 SW 12 STREET WEST MIAMI, FL 33144 US</b>	Mailing Address <b>6286 SW 12 STREET WEST MIAMI, FL 33144 US</b>
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**50024274**

2. Principal Place of Business <b>6144 SW 30 ST Suite, Apt. #, etc. WEST City &amp; State Miramar Zip 33023</b>	3. Mailing Address <b>6144 SW 30 ST Suite, Apt. #, etc. WEST City &amp; State Miramar Zip 33023</b>
Country	Country



08012006 Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2458170</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>RAMIREZ, DANILO 6286 SW 12 STREET WEST MIAMI, FL 33144</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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  (NOTE: Registered Agent signature required when reissuing) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMIREZ, DANILO 6286 SW 12 STREET WEST MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #