

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081974

Entity Name: CRAZY FRAMES INC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

326A DUVAL STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

326A DUVAL STREET
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 20-1158937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMO, MAOR
1800 ATLANTIC BLVD
#E122
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEMO, MAOR
Address: 1600 ATLANTIC BLVD #E122
City-St-Zip: KEY WEST, FL 33040 US

Title: S/T () Delete
Name: LAVI, DAVID
Address: 1800 ATLANTIC BLVD #E122
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAOR HEMO

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date