


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

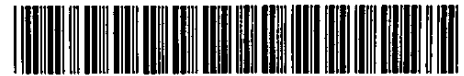
04-19-2005 90383 012 ***150.00

DOCUMENT # P04000107984	
1. Entity Name FRAYDA'S INC.	

Principal Place of Business 3096 NE 210 TERRACE AVENTURA FL 33180 US	Mailing Address 3096 NE 210 TERRACE AVENTURA FL 33180 US
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2. Principal Place of Business 9858 Clint Moore RD	3. Mailing Address 9858 Clint Moore RD.
Suite, Apt. #, etc. C#131	Suite, Apt. #, etc. C#131

City & State Boca Raton FL	City & State Boca Raton FL
Zip 33496	Country US



1st MOORE CR2E034 (10/04)

4. FEI Number 30-0265638		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 KAHN, RACHEL F 3096 NE 210 TERRACE AVENTURA FL 33180		

7. Name and Address of New Registered Agent RACHEL F. KAHN 9858 CLINT MOORE RD. C#131 BOCA RATON FL 33496	
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] RACHEL F. KAHN DATE: 4-12-05	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE P	<input type="checkbox"/> Delete	TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KAHN, RACHEL F		NAME PAUL KERNER	
STREET ADDRESS 3096 NE 210 TERRACE		STREET ADDRESS 9858 CLINT MOORE RD. C#131	
CITY-ST-ZIP AVENTURA FL 33180		CITY-ST-ZIP BOCA RATON FL 33496	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] RACHEL F. KAHN DATE: 4-12-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	