

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90005 010 ***158.75

DOCUMENT # P04000156279

1. Entity Name
FRAMING SERVICES INC.



Principal Place of Business
4045 CRANBROOK PLACE
NEW PORT RICHEY, FL 34653 US

Mailing Address
4045 CRANBROOK PLACE
NEW PORT RICHEY, FL 34653 US

2. Principal Place of Business
4201 WIGGENS DR.
Suite, Apt. #, etc.

3. Mailing Address
4201 WIGGENS DR.
Suite, Apt. #, etc.

City & State
NEW PORT RICHEY FL
Zip 34652 Country U.S.A.

City & State
NEW PORT RICHEY FL
Zip 34652 Country U.S.A.

06102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1892695 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTOLO, RAYMUNDO
4045 CRANBROOK PLACE
NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent

Name TREJO, LUIS A.
Street Address (P.O. Box Number is Not Acceptable)
14644 DR MARTIN LUTHER KING JR BLVD
City DOVER FL Zip Code 33527

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]* LUIS A. TREJO 6/10/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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

TITLE PD
NAME BARTOLO, RAYMUNDO ☐ Delete
STREET ADDRESS 4045 CRANBROOK PLACE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE VP
NAME MARCELINO, MISAEL ☐ Delete
STREET ADDRESS 4045 CRANBROOK PLACE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE TD
NAME PEREZ, ELIAS ☐ Delete
STREET ADDRESS 4045 CRANBROOK PLACE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME BARTOLO, RAYMUNDO
STREET ADDRESS 4201 WIGGENS DR.
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE VP ☒ Change ☐ Addition
NAME MARCELINO, MISAEL
STREET ADDRESS 4201 WIGGENS DR.
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE TD ☒ Change ☐ Addition
NAME PEREZ, ELIAS
STREET ADDRESS 4201 WIGGENS DR.
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* RAYMUNDO BARTOLO 6/10/06 (727) 243-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #