

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000156279**

1. Entity Name  
**FRAMING SERVICES INC.**



Principal Place of Business  
**4201 WIGGINS DR  
NEW PORT RICHEY, FL 34652 US**

Mailing Address  
**4201 WIGGINS DR  
NEW PORT RICHEY, FL 34652 US**



08142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**TRESO, LUIS A  
14644 DR MARTIN LUTHER KING JR BLVD  
DOVER, FL 33527**

**DO NOT WRITE  
IN THIS SPACE**

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

*Luis A. Treso*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*08-14-07*

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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, RAYMOND  
STREET ADDRESS 4201 WIGGINS DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000772093  
08/16/07-80001-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Rafael...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*08-14-07*