2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

May 04, 2006 8:00 am Secretary of State DOCUMENT # P0500034670 1. Entity Name 05-04-2006 90245 018 ***150.00 FRANJO WAY, INC. Principal Place of Business Mailing Address 8621 FRANJO ROAD 8621 FRANJO ROAD MIAMI FL 33189 MIAMI FL 33189 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State FEI Number Applied For 20-245 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENISE GANGI, JOSEPH H 8621 FRANJO ROAD MIAMI FL 33189-251 MIAMI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, State of Florida. I am familiar with, and accept the obligations of registered agent CPS, DENT ENISE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME GANGI, JOSEPHHI NAME STREET ADDR 8621 FRANJO ROAD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33189 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME GANGI, DENISE NAME STREET ADDRESS 8621 FRANJO ROAD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33189 CITY-ST-ZIP TITLE ☐ Detate TITLE Addition JOSEPH NAME NAME RANJO STREET ADDRESS STREET ADDRESS 8621 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fing does not qualify for the exemptions contained in Section 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 any attachment with an address with all other like empowered.

FILED

Daytime Phone #