2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044418

Title:

Name: Address:

City-St-Zip:

FILED Feb 19, 2007 Secretary of State

Entity Name: FRANKIE'S CONSTRUCTION SERVICES INC.					
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
207 S SUM CRESCEN	MIT ST T CITY, FL 32	1112			
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
207 S SUM CRESCEN	MIT ST T CITY, FL 32	1112			
FEI Number:	05-0619442	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
TORRES, FRANCISCO P SR 418 EDGEWOOD AVE CRESCENT CITY, FL 32112 US			465 S VOLUSIA / SUITE C	ALL FLORIDA FIRM INC. 465 S VOLUSIA AVE SUITE C ORANGE CITY, FL 32763 US	
The above in the State		submits this statement for the pu	urpose of changing its regi	stered office or registered agent, or both,	
SIGNATURE: DEVIN NEWMAN- ASSISTANT SECRETARY				02/19/2007	
		ic Signature of Registered Age	nt	Date	
Election Cam	ıpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () TORRES, FRAN 418 EDGEWOO CRECENT CITY	DD AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () TORRES, ROS/ PO BOX 342 SEVILLE, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JAIMES, MAGD 418 EDGEWOO		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCISCO TORRES SR. Ρ 02/19/2007

() Delete

RODRIGUEZ, RAMON ABEL

199 MILL RD.

DELAND, FL 32724

() Change () Addition