ANNUAL REPORT

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2011 JUL 18 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000059569

1. Entity Name
Florida Frogman, Inc.

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CR2E034B (1/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9204 SW 9 Terrace	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33174 Country: USA	Zip Country

4. FEI Number: 03-0564540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Pedro R Delgado

Street Address (P.O. Box Number Is Not Acceptable)
9204 SW 9 Terrace

City: Miami FL Zip Code: 33

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Pedro R Delgado
STREET ADDRESS	9204 SW 9 Terrace
CITY-ST-ZIP	Miami, FL 33174
TITLE	Vice Presedent
NAME	Peter E Delgado
STREET ADDRESS	9204 SW 9 Terrace
CITY-ST-ZIP	Miami, FL 33174
TITLE	Secretary
NAME	Peter E Delgado
STREET ADDRESS	9204 SW 9 Terrace
CITY-ST-ZIP	Miami, FL 33174
TITLE	Treasurer
NAME	Pedro R Delgado
STREET ADDRESS	9204 SW 9 Terrace
CITY-ST-ZIP	Miami, FL 33174
TITLE	Director
NAME	Pedro R Delgado
STREET ADDRESS	9204 SW 9 Terrace
CITY-ST-ZIP	Miami, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300210118433
07/19/11--01001--008 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Pedro R Delgado, President 6/30/11 786-269-1376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

APR 7/18/11

Wednesday, July 13, 2011

Division of Corporations
Florida Department of State
ATTN: ANNETTE RAMSEY
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: FLORIDA FROGMAN, INC.

Ladies and Gentlemen:

Please find enclosed for filing the requested annual report for the above referenced company to accompany the Articles of Revocation of Dissolution previously submitted..

Enclosed is a check in the amount of $150.00.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation
Attn: Fulfillment Dept.
23586 Calabasas Rd., Suite 102
Calabasas, CA 91302

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