


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90028 042 ***158.75

DOCUMENT # P05000069941					
1. Entity Name THE FRANCHISE MARKETPLACE, INC.					
Principal Place of Business 1593 NW 84 DRIVE CORAL SPRINGS, FL 33071 US			Mailing Address 1593 NW 84 DRIVE CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 83-0429287	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANDRAU, HUGO J 1593 NW 84 DRIVE CORAL SPRINGS, FL 33071			Name <u>Eduardo Logrono</u> Street Address (P.O. Box Number is Not Acceptable) <u>1593 N.W. 84 DR.</u> City <u>Coral Springs</u> FL Zip Code <u>33071</u>		
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 <u>E. Landrau</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>04/15/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME LANDRAU, HUGO J <input checked="" type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1593 NW 84 DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33071		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME LOGRONO, EDUARDO <input type="checkbox"/> Delete		TITLE President	NAME Eduardo Logrono <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1593 NW 84 DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33071		STREET ADDRESS 1593 N.W. 84 DR.	CITY-ST-ZIP Coral Springs FL 33071	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		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: <u>Hugo Landrau</u> <u>Hugo J. Landrau</u> <u>4/15/08</u> <u>(954)341-9198</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					