

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000026450

Entity Name: FRANKTITUDE TWO, INC.

FILED
May 08, 2008
Secretary of State

Current Principal Place of Business:

1221 BRICKELL AVENUE
SUITE 1590
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1221 BRICKELL AVENUE SUITE 1590
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-4394182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADRO, JOSE F
8325 NW 53 ST
SUITE 1590
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WURMANN, ARI
Address: 1221 BRICKELL AVENUE SUITE 1590
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: SCHACHNER, JOSE
Address: 1221 BRICKELL AVENUE SUITE 1590
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: ROSENBLUT, JORGE
Address: 1221 BRICKELL AVENUE SUITE 1590
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: CALAMA, ISABEL
Address: 1221 BRICKELL AVENUE SUITE 1590
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BABBONI, RICHARD R
Address: 1221 BRICKELL AVENUE SUITE 1590
City-St-Zip: MIAMI, FL 33131

Title: VD (X) Change () Addition
Name: WURMANN, ARI
Address: 1221 BRICKELL AVENUE SUITE 1590
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PUPKIN, ALFREDO
Address: 1221 BRICKELL AVENUE SUITE 1590
City-St-Zip: MIAMI, FL 33131

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

SIGNATURE: ARI WURMANN

DV

05/08/2008

Electronic Signature of Signing Officer or Director

Date