

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000035346

1. Entity Name
F. R.C. INVESTMENT INC.



07 AUG 15 PM 2:08

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



07312007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4464183

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PIEDRA, AURELIO A
9100 SOUTH DADELAND BLVD
SUITE 912
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name **MARIO DELGADO**

Street Address (P.O. Box Number is Not Acceptable)

8635 NW 851 #120

City **MIAMI** FL Zip Code **33126**

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: **Mario Delgado**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07-31-07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DELGADO, MARIO G	
STREET ADDRESS	9100 S DADELAND BLVD	
CITY - ST - ZIP	MIAMI, FL 33156	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	DELGADO, MARIO G	
STREET ADDRESS	9100 S. DADELAND BLVD	
CITY - ST - ZIP	MIAMI, FL 33156	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	DELGADO, MARIO G	
STREET ADDRESS	9100 S DADELAND BLVD	
CITY - ST - ZIP	MIAMI, FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARDENAS, FRANCISCO R	
STREET ADDRESS	9100 S DADELAND BLVD	
CITY - ST - ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300108388183
CITY - ST - ZIP	08/21/07--01056--006 **61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **MARIO G. DELGADO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-31-07. 305-263-5255

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