


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90009 023 \*\*\*150.00

<b>DOCUMENT # P07000007890</b>					
<b>1. Entity Name</b> FRAIXE USA INC.					
<b>Principal Place of Business</b> 107 PHILIPPE COURT DEBARY, FL 32713			<b>Mailing Address</b> P.O. BOX 680 WINTER PARK, FL 32790 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 12980 WINTHROP COVE DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 12980 WINTHROP COVE DR. Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE, FL		<b>City &amp; State</b> JACKSONVILLE, FL		<b>4. FEI Number</b>	
<b>Zip</b> 32224 <b>Country</b> USA		<b>Zip</b> 32224 <b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HENIN, JEROME 107 PHILIPPE COURT DEBARY, FL 32713			<b>7. Name and Address of New Registered Agent</b> Name <u>ERIC FRAIXE</u> Street Address (P.O. Box Number is Not Acceptable) 12980 WINTHROP COVE DRIVE City <u>JACKSONVILLE</u> <b>FL</b> Zip Code <u>32224</u>		
<b>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.</b>  SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>Jan 22 2008</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAIXE, ERIC 107 PHILIPPE COURT DEBARY, FL 32713		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRAIXE, ERIC 12980 WINTHROP COVE DR. JACKSONVILLE, FL, 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>					
Date <u>Jan 22 2008</u> Daytime Phone # <u>3866687811</u>					