## 2008 FOR PROFIT CORPORATION

## Apr 30, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P07000060810 04-30-2008 90160 046 \*\*\*163.75 1. Entity Name FRAGUZ HOLDING CORP. Mailing Address Principal Place of Business **60034413** 6508 MOONSHELL CT. 6508 MOONSHELL CT. ORLANDO, FL 32819 ORLANDO, FL 32819 Principal Place of Business - No P.O. Box 3. Mailing Address 6508 Moon Shell Ct 04252008 CR2E034 (12/06) 4. FEI Numbe Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired M Blange Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUZMAN, MARIA I Street Address (P.O. Box Number is Not Acceptable) 6508 MOONSHELL CT. ORLANDO, FL 32819 City Zin Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDMARIAI GUZMAN Schange 6508 Moonshell Ct TITLE Delete TITLE GUZMAN, FRANCISCO SR. NAME NAME 6508 MOONSHELL CT. STREET ADDRESS STREET ADDRESS OR/ANDO FL 32819 CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP TD GUZMAN, MARIAI. IN Change 6508 Moonshell Ct. ORIANDO FL 32819 TITLE STD ☐ Delete TITLE ☐ Addition GUZMAN, MARIA I NAME STREET ADDRESS 6508 MOONSHELL CT. STREET ADDRESS ORLANDO, FL 32819 CITY-ST-7IP CITY-ST-ZIP VDGUZMAN, FRANCISCU ACHANGE 6565 Hidden Beach Cir. ORIANDO FL 32819 TATLE ☐ Addition TITLE Delete GUZMAN, FRANCISCO JR. NAME NAME STREET ADDRESS STREET ADDRESS 6508 MOONSHELL CT. CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Chance GUZMAN, DAMARY NAME MAME 6508 MOONSHELL CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP 5214 Conchet. Hgner Change TITLE ☐ Delete TITLE ☐ Addition NAME MARTINEZ, AGNERI NAME STREET ADDRESS STREET ADDRESS 5214 CONCH CT. CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP TITLE Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 empoyaged 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. all other like empowered.

sugnan