
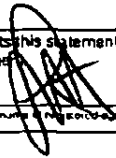



2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/26

FILED
May 16, 2007 8:00 am
Secretary of State

04-26-2007 90231 007 ***150.00

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # P31419 | |  | |
| 1. Entity Name FRANKEL ENTERPRISES, INC. | | | |
| Principal Place of Business 1845 WALNUT ST., 16TH FLOOR SUITE 1610 PHILADELPHIA, PA 19103 | | Mailing Address 1845 WALNUT ST., 16TH FLOOR SUITE 1610 PHILADELPHIA, PA 19103 | |
| 2. Principal Place of Business - No P.O. Box # 3535 Military Trail | | 3. Mailing Address 3535 Military Trail | |
| State, Apt. #, etc. Suite 101 | | State, Apt. #, etc. Suite 101 | |
| City & State Jupiter FL | | City & State Jupiter FL | |
| Zip 33458 | Country US | Zip 33458 | Country US |
| 4. FEI Number 23-1913415 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 8. Name and Address of Current Registered Agent HYMAN, SHERRY LEFKOWI 3801 PGA BLVD SUITE 107 PALM BEACH GARDENS, FL 33410 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3535 Military Trail, Suite 101 City Jupiter FL Zip Code 33458 | |
| 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  | | Date 4/19/07 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00 | | 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 NAME STREET ADDRESS CITY- ST- ZIP | VPO FRANKEL, BENJAMIN 1845 WALNUT ST., 16TH FL PHILADELPHIA, PA <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3535 Military Trail, Suite 101 Jupiter, FL 33458 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PST FRANKEL, THOMAS 3801 PGA BLVD STE 107 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3535 Military Trail, # 101 Jupiter, FL 33458 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TD FRANKEL, WILLIAM 1845 WALNUT ST., 16TH FL PHILADELPHIA, PA <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 empowerers. | | | |
| SIGNATURE:  | | Date: Thomas Frankel, President 561-744-1033 5-14-07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |