

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000008553

1. Entity Name
THE FRANK FUTERNICK COMPANY



Principal Place of Business

2 GROVE ISLE DRIVE
#1509
MIAMI, FL 33133

Mailing Address

2 GROVE ISLE DRIVE
#1509
MIAMI, FL 33133

FILED
Apr 30, 2008 08:00 AM
Secretary of State



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0374853	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVILSON, EDWARD ESQ
407 LINCOLN ROAD
PENTHOUSE SE
MIAMI, FL 33167

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000934707
05/23/08-80042-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	FUTERNICK, FRANK
STREET ADDRESS	2 GROVE ISLE DRIVE #1509
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-08

305-685-0325