

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90029 036 ***150.00

DOCUMENT # P94000068041

1. Entity Name
FRACINE, INC.



Principal Place of Business

36 N.E. 1ST ST
108
MIAMI, FL 33132 US

Mailing Address

36 NE 1ST ST
STE 108
MIAMI, FL 33132 US

60006139

2. Principal Place of Business - No P.O. Box #

1518 Palermo Ave.

Suite, Apt. #, etc.

3. Mailing Address

1518 Palermo Ave.

Suite, Apt. #, etc.

01122007

Chg-P

CR2E034 (12/06)

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0531561

Applied For

Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLDES, RHYNA
36 NE 1ST STE 108
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name Rhyna Moldes

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

1518 Palermo Ave.

City Coral Gables

FL

Zip Code

33134

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

1/23/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MOLDES, RHYNA
STREET ADDRESS 1518 PALERMO AVE
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07

Date

305-579-9049

Daytime Phone #