


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-16-2007 90189 018 ***150.00

DOCUMENT # P95000000424 1. Entity Name FREGINA INVESTMENT, INC.			
Principal Place of Business 3312 N MIAMI AVE MIAMI, FL 33127		Mailing Address 1481 BELLA VISTA AVENUE CORAL GABLES, FL 33156	
2. Principal Place of Business - No P.O. Box # 1481 Bella Vista Ave. Suite, Apt. #, etc.		3. Mailing Address 1481 Bella Vista Ave. Suite, Apt. #, etc.	
City & State Coral Gables, Fla. Zip Country 33156 USA		City & State Coral Gables, Fla. Zip Country 33156 USA	
4. FEI Number 65-0549549		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTIAGO, FRED 3312 N MIAMI AVE MIAMI, FL 33127		7. Name and Address of New Registered Agent Name FRED SANTIAGO Street Address (P.O. Box Number is Not Acceptable) 1481 Bella Vista Ave. Coral Gables, Fla. City FL Zip Code 33156	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 P SANTIAGO, FRED 3312 N MIAMI AVE MIAMI, FL 33127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP FRED SANTIAGO 1481 Bella Vista Ave. Coral Gables, Fla. 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP SANTIAGO, GEORGINA 3312 N MIAMI AVE MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP GEORGINA SANTIAGO 1481 Bella Vista Ave. Coral Gables, Fla. 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.			
SIGNATURE: <u>W. Fred Santiago</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>01/06/07</u> Daytime Phone #: <u>799-1481</u>	