

FILED Apr 14, 2004 8:00 am

2004	ANNUAL REPORT	, 1
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ANNUAL REPURT					Secretary of State				
DOCUMENT # P9600003955 1. Entity Name FRAMA, INC.				04-14-2004 90067 043 ***150.00					
Principal Place of Business	Mailing Address								
8551 WEST SUNRISE BLVD									
SUITE 208	SUITE 208	52.15	i						
PLANTATION, FL 33322 US PLANTATION, FL 33322 US						4901 00100 001	. Julia Bičal Alli	EBI (1 1885	
	-T-11-0								
2. Principal Place of Business					 		. 18.96 B)181 BU	111 11 1101	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03172004	Chg-P	CR2E03	4 (10/03)		
City & State	City & State	_		4. FEI Numbe 65-0646				plied For LApplicable	
Zip Country	Zip	Country		5. Certificate	of Status Desired		8.75 Addi ee Required		
6. Name and Address of Currer	t Registered Agent			7. Name and	Address of New Re	egistered A	gent	7.	
		Ne	ame						
CHENKIN, DAVID A 8551 WEST SUNRISE BLVD			Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33322	SUITE 208 PLANTATION, FL 33322								
		Ci	ty			FL	Zip Code	•	
The above named entity submits this statement the obligations of registered agent. SIGNATURE		s registered of	fice or register	red agent, or boll	n, in the State of Flo	r₁da. I am fa	miliar with, a	and accept	
Signature, typed or printed name of registered age	nt and title il applicable. (NOI	TE: Registered Ager	nt signature required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be ed to Fees					
10. OFFICERS AN	D DIRECTORS	11.	, , ,	ADDITIONS/	CHANGES TO OFFI	CERS AND I	DIRECTORS	IN 11	
TITLE PD JOSE MANIA	Delete	TITLE					☐ Change	Addition	
NAME 2333 BRICKE	PD JOSE MANIA DAVIN Delete 2333 BNICKEU AV. PH 110 DRESS MIAMI, FL 33179 - 2435 STR							4	
STREET ADDRESS MIAMI, FL 33/129 - 2435 STR			DRESS						
CITY-ST-ZIP		CITY-ST-Z	IP			-1			
TITLE	☐ Delete	TITLE					Change	☐ Addition	
NAME		NAME							
STREET ADDRESS		STREET ADD	1						
CITY-ST-ZIP		CITY-ST-Z	ır	,,					
TITLE	☐ Delete	TITLE					Change	Addition	
NAME		NAME					•	* -	
STREET ADDRESS CITY-ST-ZIP		STREET ADO							
			"			 		——————————————————————————————————————	
TITLE	☐ Delete	TITLE					Change	Addition	
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City-SI-ZIP		CITY-ST-Z							
	П	_	"				[Change	Addition	
TITLE NAME	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS		STREET ADD	DRESS						
CITY-SI-ZIP		CITY-ST-Z							
TITLE	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	CT Delete	NAME					onange		
STREET ADDRESS		STREET ADO	DRESS						
CITY-ST-ZIP		CITY-ST-Z	1						
12. I hereby certify that the information supplied w	ith this filling does not qualify to		1	oction 110 07/9V	\ Florida Statutos I	further certi	fu that the in	formation	
indicated on this remote supplemental redort	is true and accurate and that	my signature s	shall have the	same legal effec	f as if made under o	ath: that Lar	n an officer i	or director L	
of the corporation or the receiver or trustee em changed, or on an attact ment with an address	powered to execute this repore, with all other like emoowered	t as required b d.	by Chapter 607	f, Florida Statute	s; and that my name	appears in	Block 10 or	Block 11 if	
					, ,			1	
SIGNATURE:					13/23/04		154/31	12-1200	