2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066533

Entity Name: FRAM FED EIGHT, INC.

City-St-Zip:

FORT LAUDERDALE, FL 33304

FILED Apr 25, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
|---|--|----------------------------------|---|--|--|
| | EDERAL HWY | | | | |
| 200 FT. LAUD | ERDALE, FL | 33306 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 1500 N FE | EDERAL HWY | | | | |
| 200 FT. LAUD | ERDALE, FL | 33306 | | | |
| FEI Number | r: 65-0771286 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 1500 N. FI STE 200 | NA, F. RONAL ED HWY UDERDALE, F | | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MASTRIANA, F 1500 N. FED H | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SOLAL, ALEXA 1500 N. FED H | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | DVS (MASTRIANA, E 1500 N. FED H | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: F RONALD MASTRIANA PRES 04/25/2008