

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90039 028 \*\*\*150.00

DOCUMENT # P98000009607

1. Entity Name  
FRAGLUXE, INC.



Principal Place of Business  
3018 N.W. 72 AVENUE  
MIAMI, FL 33122

Mailing Address  
3018 N.W. 72 AVENUE  
MIAMI, FL 33122

**54009673**

2. Principal Place of Business

8299 NW 30th Terrace

Suite, Apt. #, etc.

3. Mailing Address

8299 NW 30th Terrace

Suite, Apt. #, etc.



02112004

Chg-P

CR2E034 (10/03)

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0862288

Applied For

Not Applicable

Zip

33122

Country

Zip

33122

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

KAUFMANN, MARTIN  
8299 NW 30TH TERRACE  
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDST ☐ Delete  
NAME KAUFMANN, MARTIN  
STREET ADDRESS 3018 N.W. 72 AVENUE  
CITY-ST-ZIP MIAMI, FL 33122

TITLE DV ☐ Delete  
NAME CANLAS, MARIA T  
STREET ADDRESS 3018 N.W. 72 AVENUE  
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8299 NW 30th Terrace  
CITY-ST-ZIP Miami FL 33122

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8299 NW 30th Terrace  
CITY-ST-ZIP Miami FL 33122

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

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(i), 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 #

(305) 406-2384