

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000075980

1. Entity Name
FRANBER CORPORATION



FILED

07 APR 30 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
520 BRICKELL KEY DRIVE
APT. #A-0601
MIAMI, FL 33131

Mailing Address
1724 KATHRYN AVE
TALLAHASSEE, FL 32308 US

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

3. Mailing Address

3243 CAROLTON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TALLAHASSEE, FL

Zip

Country

Zip
32311

Country

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3534846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASPARY, MARIA B
1724 KATHRYN AVE.
TALLAHASSEE, FL 32308

Name

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

3243 CAROLTON DR.

City

TALLAHASSEE

FL

Zip Code

32311

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

000101582770

05/04/07--01017--016 **150.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CASPARY, MARIA B
STREET ADDRESS 1724 KATHRYN AVENUE
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3243 CAROLTON DR.
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE ST
NAME CASPARY, MARIA
STREET ADDRESS 1724 KATHRYN AVE
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3243 CAROLTON DR.
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE VP
NAME BERMUDEZ, JOSE E
STREET ADDRESS 1724 KATHRYN AVENUE
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3243 CAROLTON DR.
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07 (850)942-4057