

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000083622

1. Entity Name  
FRANGIO & RU-NI INC.



Principal Place of Business  
600 THACKER AVE  
SUITE D 43  
KISSIMMEE, FL 34741

Mailing Address  
600 THACKER AVE  
SUITE D 43  
KISSIMMEE, FL 34741



03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3535190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FRANGIONI, RUBEN  
600 THACKER STE D-43  
KISSIMMEE, FL 34741

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FRANGIONI, RUBEN A
STREET ADDRESS	1700 GOLDEN POPPY CT.
CITY - ST - ZIP	ORLANDO, FL 32824
TITLE	D
NAME	FRANGIONI, ELIDA B
STREET ADDRESS	1700 GOLDEN POPPY CT.
CITY - ST - ZIP	ORLANDO, FL 32824
TITLE	D
NAME	ARIAS, GUSTAVO
STREET ADDRESS	10472 EAST PARK WEST WOODS DR.
CITY - ST - ZIP	ORLANDO, FL 32832
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000355360  
05/12/05-80010-010 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

03 11 05 (407) 344.1767

Date

Daytime Phone #