

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083622

Entity Name: FRANGIO & RU-NI INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

437 W. VINE ST
2 FL.
KISSIMMEE, FL 34741

New Principal Place of Business:

8443 SECRET KEY COVE
KISSIMMEE, FL 34747

Current Mailing Address:

437 W. VINE ST
2 FL.
KISSIMMEE, FL 34741

New Mailing Address:

PO BOX 470359
KISSIMMEE, FL 34747

FEI Number: 59-3535190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FRANGIONI, RUBEN
8443 SECRET KEY COVE
KISSIMMEE, FL 34747 US

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.

SIGNATURE: RUBEN FRANGIONI

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANGIONI, RUBEN A
Address: 1700 GOLDEN POPPY CT.
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: FRANGIONI, ELIDA B
Address: 1700 GOLDEN POPPY CT.
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: ARIAS, GUSTAVO
Address: 10472 EAST PARK WEST WOODS DR.
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRANGIONI, RUBEN A
Address: PO BOX 470359
City-St-Zip: KISSIMMEE, FL 34747

Title: D (X) Change () Addition
Name: FRANGIONI, ELIDA B
Address: PO BOX 470359
City-St-Zip: KISSIMMEE, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RUBEN FRANGIONI

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date