2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 30, 2006 08:00 Al Secretary of State DOCUMENT # P99000022851 1. Entity Name FRANDOR, INC. Principal Place of Business Mailing Address 13662 DEERING BAY DRIVE 13662 DEERING BAY DRIVE CORAL GABLES FL 33158 **CORAL GABLES FL 33158** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For City & State 4. FEI Number City & State 65-0907195 Not Applicable Zιρ \$8.75 Additional Country Zin Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRIPPEN, FRANK 13662 DÉERING BAY DRIVE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33158 City 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE The fact of the second FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete ☐ Change Addition CRIPPEN, FRANK NAME NAME 000000575658 13662 DEERING BAY DRIVE STREET ADDRESS STREET ADDRESS 08/30/06-80003-013 550.00 **MIAMI FL 33158** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE CRIPPEN, DOROTHY NAME NAME 13662 DEERING BAY DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33158 City-SI-ZP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CITY-ST-7/2 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

8/27/06

305-2381041

**FILED**