


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90213 024 ***150.00

DOCUMENT # P99000022851 1. Entity Name FRANDOR, INC.					
Principal Place of Business 13662 DEERING BAY DRIVE CORAL GABLES FL 33158				Mailing Address 13662 DEERING BAY DRIVE CORAL GABLES FL 33158	
2. Principal Place of Business - No P.O. Box # 14023 SW 67th Place		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami FL		City & State		4. FEI Number 65-0907195	
Zip 33158		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRIPPEN, FRANK 13662 DEERING BAY DRIVE CORAL GABLES FL 33158				7. Name and Address of New Registered Agent Name Deborah Caruso Street Address (if P.O. Box Number is Not Acceptable) 14023 SW 67th Place City Miami FL Zip Code 33158	
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 <u>Deborah Caruso</u> <small>Signature, typed or printed name of registered agent and title - applicable</small>				DATE <u>April 9, 2007</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS CRIPPEN, FRANK 13662 DEERING BAY DRIVE MIAMI FL 33158	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPTS Deborah Caruso 14023 SW 67th Place Miami FL 33158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRIPPEN, DOROTHY 13662 DEERING BAY DRIVE MIAMI FL 33158	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Deborah Caruso / Deborah Caruso</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-9-07</u> <u>305-496-1815</u> <small>Daytime Phone #</small>	