


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000044030</b> 1. Entity Name FRANZON, INC.	
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Principal Place of Business 4390 N FEDERAL HIGHWAY STE 101 FORT LAUDERDALE, FL 33308	Mailing Address 4390 N FEDERAL HIGHWAY STE 101 FORT LAUDERDALE, FL 33308
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**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0927181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANZON, NERI  
4390 N FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308

**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 \_\_\_\_\_  
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  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FRANZON, NERI 3100 NORTH OCEAN DRIVE APT 2810 FORT LAUDERDALE, FL 33308
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U00000370979  
07/06/05-80004-011 150.00

**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

6/30/05 19591776-1912  
Date Daytime Phone #