2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2007 08:00 AM DOCUMENT # P99000052777 Secretary of State 1. Entity Namo FRANK RICHARD PROPERTIES, INC. Principal Place of Business Mailing Address 2607 BARBARA DR. 2607 BARBARA DR. FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0940566 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SCHWARTZ, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 2607 BARBARA DR FORT LAUDERDALE FL 33316 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 Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and little c applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Delete TOTE ☐ Change IIILE SCHWARTZ, RICHARD L NAME NAME 2607 BARBARA DR. H00000613887 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33316 02/06/07-80003-014 150.00 CITY ST ZIP CITY ST ZIP n ☐ Delete TITLE ☐ Change ☐ Addition TITLE MARTINO, FRANK NAMI NAME 2825 N.E. 32ND ST. STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY - ST - ZIP CITY ST-ZIP Change Addition TITE Delete ШЩ NAMI STREET ADDRESS SIRELI ADDRESS CITY ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition IIILE ☐ Detete HHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP COTY ST-ZIP ☐ Change Addition HILE ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change Addition TITLE MILE Delete NAM NAME SINCET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIF 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 attachmost with an address, with all other like empowered.

SIGNATURE:

FILED