2004 FOR PROFIT CORPORATION
ANNUAL REPORT

☐☐☐☐☐☐☐☐ ☐ P99000072791

1. Entity Name
FRANAN CONSULTING, INC.

Principal Place of Business	Mailing Address
1550 DE HAVILLAND CT. MIAMI, FL 33143	1550 DE HAVILLAND CT. MIAMI, FL 33143

04182004   ☐☐☐☐   ☐☐ ☐☐☐☐☐ ☐☐☐☐☐☐

2. Principal Place of Business	3. Mailing Address	
3460 Fairlane Farms Rd.	3460 Fairlane Farms Rd.	
Suite, Apt. #, etc. Suite # 1	Suite, Apt. #, etc. Suite # 1	
City & State Wellington FLORIDA	City & State Wellington, FLORIDA	**4.** FEI Number 65-0944094 / Applied For / Not Applicable
Zip 33414 / Country U.S.A.	Zip 33414 / Country U.S.A.	**5.** Certificate of Status Desired ☒ $8.75 ☐☐☐☐☐☐☐☐ ☐☐☐ ☐ ☐☐☐☐☐☐

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRYGIEL, NANCY A 15500 DE HAVILLAND CT. WEST PALM BEACH, FL 33414	Name **same as 6** Street Address (P.O. Box Number is Not Acceptable) **3460 Fairlane Farms Rd. Ste.N°1** City **Wellington** **FL** Zip Code **33414**

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 _____   **Nancy A. Grygiel, Director**   **04/20/2004**
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 After May 1, 2004 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** ☐ ☐☐☐☐ ☐☐☐☐☐ ☐☐ ☐☐☐☐

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRYGIEL, NANCY A 15500 DE HAVILLAND CT. WEST PALM BEACH, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   NANCY A. GRYGIEL, DIRECTOR   4/20/04   (561)795-3802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #