

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2006 08:00 AM
Secretary of State**DOCUMENT # P99000076841**1. Entity Name
C. FRANKEL INC**Principal Place of Business****10261 E BAY HARBOR DRIVE
#300
BAY HARBOR ISLANDS, FL 33154****Mailing Address****10261 E BAY HARBOR DRIVE
#300
BAY HARBOR ISLANDS, FL 33154****DO NOT WRITE IN THIS SPACE**

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number**65-0953366****Applied For****Not Applicable****5. Certificate of Status Desired**☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****FRANKEL, CYNTHIA
10261 E BAY HARBOR DRIVE
#300
BAY HARBOR ISLANDS FL 33154****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 relinquishing)

DATE**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00****9. Election Campaign Financing
Trust Fund Contribution.****\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FRANKEL, CYNTHIA
STREET ADDRESS	10261 E. BAY HARBOR DR #300
CITY-ST-ZIP	BAY HARBOR ISL, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

000000542789
05/10/06-80111-020 150.00**DO NOT WRITE
IN THIS SPACE****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 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

4/23/06 3058683071

Date

Daytime Phone