2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

DOCUMENT # S46986 1. Entity Name FRAVILEN, INC.					- 444	04-21-2004	1 90088 02	9 ***1.	50.00
Principal Plac	ce of Business	Mailing Address							
902 COMMC CASSELBERI	ONWEALTH CT RY, FL: 32707 US	902 COMMONWEALTH CT CASSELBERRY, FL 32707 US						•	
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Principal Place of Business Address Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152004	Chg-P	CR2E034	(10/03)	
City & Stat		City & State			4. FEI Number 59-3065				plied For at Applicable
Zip	Country	Zip	Countr	y	5. Ceruncale o	of Status Desired	— _□ — \$8	.75 Add	litional
	6 Name and Address of Course	Pagistared Acces	Ι,					Require	a
	6. Name and Address of Current	negistereu Agent		Name	/. Name and /	Address of New R	egistered Age	:11(
SCUCCI, FRANK					* -i				
1190 SADDLER HORN CIRCLE WINTER SPRINGS, FL 32708					P.O. Box Number	r is Not Acceptable		•••••	
in and	- 1		-						
First Control of the				City FL Zip Code					9
	named entity submits this statement fo	r the purpose of changing its	registere	d office or register	red agent, or both	, in the State of Flo	rida, I am farr	iliar with,	and accept
1	tions of registered agent.								
SIGNATURE	· · · · · · · · · · · · · · · · · · ·								
	Signature, typed or printed name of registered agent.	and title if applicable. (NOT	E: Registered	Agent signature required	when reinstating)		EATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont		ping ☐ \$5.	.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DI	RECTORS	\$ IN 11
TATLE	P	□ Delete	TITLE				Γ.,] Change	Addition
NAME	SCUCCI, FRANK		NAME						
SYNCEL ADDRESS CITY-ST-ZIP]		STREET CITY-S	I ADDRESS	•	•			
	CASSELBERRY FL 32707			51-41			-	7.00	F-70 4 4 100
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NAME CAREET ARCRESS			NAME	1					
STREET ADDRESS CITY-ST-ZIP			STREET CDY-5	T ADDRESS S1-28P					
	cartily that the information countied with	this filling does not mustify to	Л	i	etion 119 07/2\6\	Elorida Clatatos I	futbar andik	that the in	formation
indicated	certify that the information supplied with I on this report or supplemental report is	true and accurate and that r	nv signatu	ipiion stated in 59 ire shall have the :	same legal effect	i, monda Statutes. I as if made under d	ath; that I am	นเลเมศษาก an officer	or director

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

Front Succi FRANK Scuce!

04/19/04

407-695-9699

Daytime Prions #