

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # S67006

1. Entity Name
FRANBRI ENTERPRISES, INC.



Principal Place of Business
**4301 W. VINE STREET
KISSIMMEE, FL 34746**

Mailing Address
**7200 PERSHING AVE
ORLANDO, FL 32822**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3077615

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALEQUIN, FREDDY
6955 HANGING MOSS RD
STE 114
ORLANDO, FL 32807**

**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 re-registering)

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 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASCARENHAS, FRANZ P 4301 W. VINE STREET KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASCARENHAS, CYNTHIA F 4301 W. VINE ST. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASCARENHAS, BRIAN A 4301 W. VINE ST KISSIMMEE, FL 34746
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/30/04-00035-004 150.00

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26TH APRIL 2004

Date

Daytime Phone #

(407) 397-0755