

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 213012

**Entity Name:** FRATERNITY HOUSE, INC.

**Current Principal Place of Business:**

3550 BISCAYNE BLVD.  
SUITE 210  
MIAMI , FL 33137

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**1672421651CC**

**Current Mailing Address:**

C/O FRANMAR MANAGEMENT SERVICES, INC.  
3550 BISCAYNE BLVD. SUITE 210  
MIAMI, FL 33137 US

**FEI Number:** 59-6064850

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRANMAR MANAGEMENT SERVICES, INC  
3550 BISCAYNE BLVD.  
SUITE 210  
MIAMI, FL 33137 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DUFF, MARTYN  
Address 3550 BISCAYNE BLVD.  
SUITE 210  
City-State-Zip: MIAMI FL 33137

Title VPD  
Name FREEMAN, SAM  
Address 3550 BISCAYNE BLVD.  
SUITE 210  
City-State-Zip: MIAMI FL 33137

Title SD  
Name ALLEMAN, RICHARD  
Address 3550 BISCAYNE BLVD.  
SUITE 210  
City-State-Zip: MIAMI FL 33137

Title TD  
Name CARPENTER, JOSEPH  
Address 3550 BISCAYNE BLVD.  
SUITE 210  
City-State-Zip: MIAMI FL 33137

Title LCAM  
Name BLANCO, FRANK  
Address 3550 BISCAYNE BLVD.  
SUITE 210  
City-State-Zip: MIAMI FL 33137

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARTYN DUFF

PD

04/30/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date