


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90170 007 ***150.00

DOCUMENT # P04000162293

1. Entity Name
FREID INVESTMENTS, INC.



Principal Place of Business
**C/O ENGELBERG & MILGRIM, P.A.
 3230 STIRLING ROAD SUITE 1
 HOLLYWOOD, FL 33021**

Mailing Address
**C/O ENGELBERG & MILGRIM, P.A.
 3230 STIRLING ROAD SUITE 1
 HOLLYWOOD, FL 33021**

2. Principal Place of Business
c/o Morris Engelberg, Esq.

3. Mailing Address
c/o Morris Engelberg, Esq.

Suite, Apt. #, etc.
4040 Sheridan Street

Suite, Apt. #, etc.
4040 Sheridan Street

City & State
Hollywood, Florida

City & State
Hollywood, Florida


Zip
33021

Country
USA

Zip
33021

Country
USA

10000000



03272006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1959866

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ENGELBERG, MORRIS ESQ
 C/O ENGELBERG & MILGRIM, P.A.
 3230 STIRLING ROAD SUITE 1
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

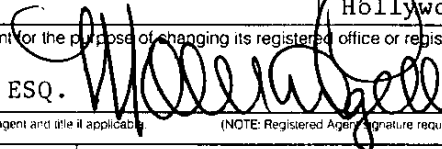
Name

Street Address (P.O. Box Number is Not Acceptable)
4040 Sheridan Street

City
Hollywood

FL Zip Code
33021

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 **MORRIS ENGELBERG, ESQ.**  DATE **03/27/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete NAME FREID, GEORGIA YAFFE STREET ADDRESS 3230 STIRLING ROAD SUITE 1 CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 4040 Sheridan Street STREET ADDRESS Hollywood, Florida 33021 CITY-ST-ZIP
TITLE PD	<input type="checkbox"/> Delete NAME FREID, BARRY ALAN STREET ADDRESS 3230 STIRLING ROAD SUITE 1 CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 4040 Sheridan Street STREET ADDRESS Hollywood, Florida 33021 CITY-ST-ZIP
TITLE VD	<input type="checkbox"/> Delete NAME NOBLE, ANDREA L STREET ADDRESS 3230 STIRLING ROAD SUITE 1 CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 4040 Sheridan Street STREET ADDRESS Hollywood, Florida 33021 CITY-ST-ZIP
TITLE SD	<input type="checkbox"/> Delete NAME ALLEN, LISA BETH STREET ADDRESS 3230 STIRLING ROAD SUITE 1 CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 4040 Sheridan Street STREET ADDRESS Hollywood, Florida 33021 CITY-ST-ZIP
TITLE TD	<input type="checkbox"/> Delete NAME FREID, GERALD S STREET ADDRESS 3230 STIRLING ROAD SUITE 1 CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 4040 Sheridan Street STREET ADDRESS Hollywood, Florida 33021 CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE:  **Barry Alan Freid, Pres.** 03/27/2006 954-966-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #