

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90178 004 ***150.00

DOCUMENT # P99000106147



1. Entity Name
FREEPORT GROUP, INC.

Principal Place of Business
**6851 NW 107TH CT
MIAMI, FL 33178**

Mailing Address
**6851 NW 107TH CT
MIAMI, FL 33178**

2. Principal Place of Business
**10400 NW 33rd St
Suite, Apt. #, etc.
270**

3. Mailing Address
**10400 NW 33rd St
Suite, Apt. #, etc.
270**



CHECK HERE IF MAKING CHANGES

City & State
MIAMI, Florida
Zip
33172
Country

City & State
MIAMI Florida
Zip
33172
Country

4. FEI Number
65-0815589
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CARVAJAL, JUAN G
6851 NW 107TH CT
MIAMI, FL 33178**

7. Name and Address of New Registered Agent
Name
JUAN CARVAJAL
Street Address (P.O. Box Number is Not Acceptable)
10400 NW 33rd Suite 270
City
MIAMI FL Zip Code
33172

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]*
Signature, typed or printed name of registered agent and title if applicable.

04-14-03
DATE

(NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$100.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete
P	CARVAJAL, JUAN G	6851 NW 107TH CT	MIAMI, FL 33178	<input type="checkbox"/>
DV	ECHEVERRY, ALVARO	6851 NW 107TH CT	MIAMI, FL 33178	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-03 786-621-30-31
Date Daytime Phone #

CR2E034 (10/02)