

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092432

Entity Name: FREEBELTS, INC

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

9365 SW 77TH AVENUE  
APT 2010  
MIAMI, FL 33156 US

## New Principal Place of Business:

5701 SUNSET DR 2ND FLOOR  
SOUTH MIAMI, FL 33143 US

## Current Mailing Address:

9365 SW 77TH AVENUE  
APT 2010  
MIAMI, FL 33156 US

## New Mailing Address:

7737 N KENDALL DR  
APT C210  
MIAMI, FL 33156 US

FEI Number: 20-3076149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MYOS FINANCIAL GROUP, INC  
2853 EXECUTIVE PARK DRIVE  
SUITE 105  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FUENTES, ALFONSO  
Address: 9365 SW 77TH AVENUE, APT 2010  
City-St-Zip: MIAMI, FL 33156

Title: VP ( ) Delete  
Name: CURE, GREY M  
Address: 9365 SW 77TH AVENUE  
City-St-Zip: MIAMI, FL 33156 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FUENTES, ALFONSO  
Address: 7337 N KENDALL DR APTO C210  
City-St-Zip: MIAMI, FL 33156

Title: VP (X) Change ( ) Addition  
Name: CURE, GREY M  
Address: 7737 N KENDALL DR APTO C210  
City-St-Zip: MIAMI, FL 33156 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALFONSO FUENTES

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date