

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K12319			
1. Entity Name FREE PORT ENTERPRISES, INC.			
Principal Place of Business 1440 J.F. KENNEDY CAUSEWAY #400 MIAMI BCH. FL 33139 US		Mailing Address 1440 J.F. KENNEDY CAUSEWAY #400 MIAMI BCH. FL 33139 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CARLOS J. VILLALOBOS 1440 J.F. KENNEDY ST. STE. 400 NORTH BAY VILLAGE FL 33141			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD YACOOB, ELI 1440 J.F. KENNEDY CSWY, STE 400 NORTH BAY VILLAGE FL	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD YACOOB, ELI 8 ISLAN AV. AP 1809 MIAMI BEACH, FL 33139	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFDO CARLOS J. VILLALOBOS 1440 J.F. KENNEDY CSWY., STE. 400 NORTH BAY VILLAGE FL	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0041431** Applied For ☐ Not Applied ☐

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

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees

UN00000431509
02/23/06-80031-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: *Carlos J. Villalobos* **CARLOS J. VILLALOBOS** 2/7/06 305 865 8919