2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 19, 2007 8:00 am **Secretary of State** DOCUMENT #K12319 01-19-2007 90028 025 ***150.00 FREÉ PORT ENTERPRISES, INC. Mailing Address Principal Place of Business 1440 J.F. KENNEDY CAUSEWAY #400 1440 J.F. KENNEDY CAUSEWAY #400 50000852 MIAMI BCH., FL 33139 MIAMI BCH., FL 33139 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 65-0041431 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARLOS J. VILLALOBOS Street Address (P.O. Box Number is Not Acceptable) 1440 J.F. KENNEDY ST. **STE. 400** NORTH BAY VILLAGE, FL 33141 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete Addition TITLE ☐ Change TITLE YACOOB, ELI NAME STREET ADDRESS STREET ADDRESS 1440 J.F. KENNEDY CSWY, STE 400 NORTH BÄY VILLAGE, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE och, Cli ag Coclias NE P4411 ag Coclias NE P4411 NAME YACOOB, ELI NAME VACOOR, Chi STREET ADDRESS 9 ISLAN AV. AP 1809 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139, CHY-ST-7IP TITLE ☐ Addition Delete CARLOS J. VILLALOBOS NAME NAME STREET ADDRESS STREET ADDRESS 1440 J.F. KENNEDY CSWY., STE. 400 NORTH BAY VILLAGE, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE П Спалое TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-7IP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME

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 like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

Villelitz

FILED