

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90333 013 ****61.25

DOCUMENT # N00000006375

1. Entity Name

FREE THE OPPRESSED FOUNDATION, INC.



Principal Place of Business

250 GIRALDA AVE
CORAL GABLES, FL 33134

Mailing Address

250 GIRALDA AVE
CORAL GABLES, FL 33134



02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number

45-0474220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NUNEZ, ALEJANDRO ESQ.
250 GIRALDA AVE
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HUGHES, JIMMY
STREET ADDRESS 250 GIRALDA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPD
NAME HUGHES, JESSICA
STREET ADDRESS 250 GIRALDA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SD
NAME NUNEZ, ALEJANDRO
STREET ADDRESS 250 GIRALDA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME BERMELO, WILLY
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

385
7746222
Daytime Phone #