

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45224

FILED
Feb 02, 2005
Secretary of State

Entity Name: HOUSE OF FREEDOM INC.

Current Principal Place of Business:

2311 NORTH OBT
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 42 3202
KISSIMMEE, FL 347423474 2S

New Mailing Address:

FEI Number: 59-3084953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, ESTEBAN
1038 SHAWNDA LN.
KISSIMMEE, FL 34742 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORALES, ESTEBAN
Address: 1038 SHAWNDA LN.
City-St-Zip: KISSIMMEE, FL 34742

Title: VD () Delete
Name: CRUZ, ROBERTO
Address: 3501 WET FLAGLER AVE.
City-St-Zip: MIAMI, FL 33135

Title: TD () Delete
Name: PONCE, IRIS Y
Address: 994 CHEROKEE DR
City-St-Zip: KISSIMMEE, FL 34744

Title: VDS () Delete
Name: MORALES, OLGA
Address: 1038 SHAWNDA LN.
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: AVILA, JOSE J
Address: HIREM GONZILEZ #949
City-St-Zip: CAMUY PUERTO RICO, PR 009729

Title: D () Delete
Name: DONES, MARILU
Address: 958 ST KM E.6
City-St-Zip: RIO GRANDE, PR 00729

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORALES, ESTEBAN
Address: 1038 SHAWNDA LN.
City-St-Zip: KISSIMMEE, FL 34742

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PONCE, IRIS Y
Address: 2963 MONICA TERRACE
City-St-Zip: KISSIMMEE, FL 34744

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRIS Y. TORRES

TD

02/02/2005

Electronic Signature of Signing Officer or Director

Date