2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003
Secretary of State

DOCUMENT# N45224

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, ESTEBEN	
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:	GAMUY PUERTO RICO,	
Title:	D	( ) Delete
Name:	DONES, MARILU	
Address:	958 ST KM E.6	
City-St-Zip:	RIO GRANDE, PUERTO RICO, OC	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ESTEBAN MORALES PD 04/08/2003

Electronic Signature of Signing Officer or Director — Date