FILED May 08, 2002 8:00 ams Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P01000048607 DOCUMENT # 1. Entity Name 05-08-2002 90122 027 ***150 00 FREEDOM FMA, INC. Principal Place of Business Mailing Address LISETTE PIE SALAZAR, P.A. LISETTE PIE SALAZAR, P.A. 1390 BRICKELL AVE. #200 1390 BRICKELL AVE. #200 MIAMI FL 33131 MIAMI FL 33131 Principal Place of Business 3. Mailing Address Suite, Abt. #_etc. Tinglon DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable Country)5 \$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 Name SALAZAR, LISETTE PIE P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 BRICKELL AVE. #200 **MIAMI FL 33131** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sate of Florida. 2-5-02 SIGNATURE NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ACQUAVIVA, FABRIZIO NAME NAME 789 CRANDON BLVD. #901 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete_ TITLE ___. Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 error execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an add

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR