


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90010 005 ***150.00

| | | | | | |
|---|---|---|---|--|------------------|
| DOCUMENT # P01000060607 1. Entity Name FREDA'S PLACE, INC. | | | |  | |
| Principal Place of Business 211 S.W. 27TH AVENUE FT. LAUDERDALE, FL 33312 | | | Mailing Address 211 S.W. 27TH AVENUE FT. LAUDERDALE, FL 33312 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-1113876 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent HARRIGAN, CURTIS 2820 N W 23RD STREET FT. LAUDERDALE, FL 33311 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SWINTON, LORENZO 211 S.W. 27TH AVENUE FT. LAUDERDALE, FL 33312 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 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. | | | | | |
| SIGNATURE: <i>Lorenzo Swinton</i> LORENZO SWINTON 8/17/04 954 316-1344 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |