

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90001 040 ***150.00

DOCUMENT # P01000112366 1. Entity Name FREZIN INC.					
Principal Place of Business 15953 SW 13TH STREET PEMBROKE PINES, FL 33027				Mailing Address 15953 SW 13TH STREET PEMBROKE PINES, FL 33027	
2. Principal Place of Business - No P.O. Box # 633 NE 167th Street Suite, Apt., #, etc. Suite 709 City & State North Miami Beach		3. Mailing Address 633 NE 167th Street Suite, Apt., #, etc. Suite 709 City & State N. Miami Bch, FL			
Zip 33162		Country Dade		4. FEI Number 65-1157307	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DOMINIQUE, MAGDA 15953 SW 13TH STREET PEMBROKE PINES, FL 33027				7. Name and Address of New Registered Agent Name Magda Dominique Street Address (P.O. Box Number is Not Acceptable) 633 NE 167th Street Suite 709 City N. Miami Bch FL Zip Code 33162	
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 DATE 05-1-2007 <small>Signature, typed or printed name, and date required for all changes and reinstating. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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	PCEO FREZIN, JEAN N 15953 SW 13TH STREET PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOMINIQUE, MAGDA 15953 SW 13TH STREET PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DATE 05-1-2007 DAYTIME PHONE # 754-234-6152 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					