



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90077 031 \*\*\*550.00

<b>DOCUMENT # P02000000983</b> 1. Entity Name <b>FREESTYLE ENTERPRISES, INC.</b>					
Principal Place of Business <b>6112 NW 45 AVE. COCONUT CREEK FL 33073-1971</b>				Mailing Address <b>6112 NW 45 AVE. COCONUT CREEK FL 33073-1971</b>	
2. Principal Place of Business <b>3707 VISTA WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>3707 VISTA WAY</b> Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/04)	
City & State <b>WESTON, FL</b>		City & State <b>WESTON, FL</b>		4. FEI Number <b>80-0021672</b>	
Zip <b>33331</b> Country		Zip <b>33331</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOPHIN, MICHAEL J 6112 NW 45 AVE. COCONUT CREEK FL 33073</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3707 VISTA WAY</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33331</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST <input type="checkbox"/> Delete <b>SOPHIN, MICHAEL J 6112 NW 45 AVE. COCONUT CREEK FL 33073</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3707 VISTA WAY WESTON, FL 33331</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.					
<b>SIGNATURE:</b> _____ _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					