
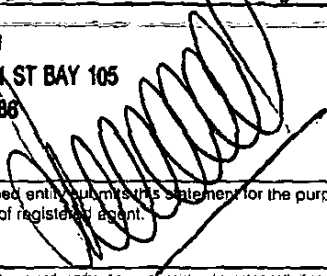
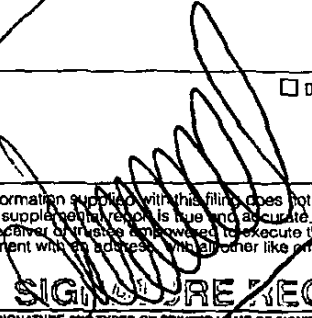


FILED
May 08, 2003 8:00 am
Secretary of State

04-16-2003 90276 031 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000011200																											
1. Entity Name PINFREE COMMUNICATIONS, INC.																											
Principal Place of Business 980 NW 123 CT. MIAMI FL 33182		Mailing Address 980 NW 123 CT. MIAMI FL 33182																									
2. Principal Place of Business 13458 NW 10 ST		3. Mailing Address 13458 NW 10 ST																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State Miami, FL		City & State Miami, FL																									
Zip 33182 Country USA		Zip 33182 Country USA																									
4. FEI Number 01-0584411		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent ERAZO, JUAN 13370 SW 134 ST BAY 105 MIAMI FL 33186		7. Name and Address of New Registered Agent Name: JOAN ERAZO Street Address (P.O. Box Number is Not Acceptable) 13458 NW 10 ST City: Miami FL Zip Code: 33182																									
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: 04/14/03 (NOTE: Registered Agent signature required when reinstating)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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 supplementary 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:  SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																											

55038742



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)