


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90156 007 ***150.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # P02000064182 1. Entity Name FRENO, CORPORATION | | | |  | |
| Principal Place of Business 722 PINELLAS BAYWAY #108 TIERRIA VERDE, FL 33715 | | | Mailing Address 722 PINELLAS BAYWAY #108 TIERRIA VERDE, FL 33715 | | |
| 2. Principal Place of Business SOS MADRID DRIVE Suite, Apt. #, etc. | | 3. Mailing Address SOS MADRID DRIVE Suite, Apt. #, etc. | | | |
| City & State TIERRA VERDE, FL Zip 33715 Country | | City & State TIERRA VERDE, FL Zip 33715 FL Country | | 4. FEI Number 82-0547338 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FRENCH, JOHN T JR 722 PINELLAS BAYWAY #108 TIERRIA VERDE, FL 33715 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SOS MADRID DRIVE 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 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 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEO FRENCH, JOHN T 722 PINELLAS BAYWAY #108 TIERRIA VERDE, FL 33715 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SOS MADRID DRIVE | |
| 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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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4-28-04 Daytime Phone # | | |

JOHN T. FRENCH