
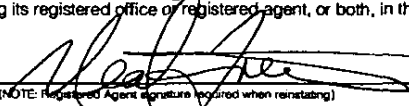
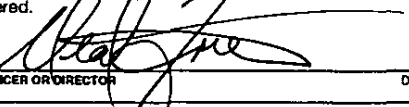


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90192 025 ***150.00

DOCUMENT # P02000066872			
1. Entity Name NEAL FREEMAN & ASSOCIATES, INC.			
Principal Place of Business 315 SE MIZNER BLVD, #207 BOCA RATON, FL 33432		Mailing Address 315 SE MIZNER BLVD, #207 BOCA RATON, FL 33432	
2. Principal Place of Business 1420 NW BOCA RATON BLVD #3		3. Mailing Address SAME	
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. SAME	
City & State BOCA RATON - FL.		City & State	
Zip 33432	Country USA	Zip	Country
6. Name and Address of Current Registered Agent RAY PEREZ & ASSOCIATES, P.A. 13935 NW 1ST AVENUE MIAMI, FL 33168		7. Name and Address of New Registered Agent Name NEAL FREEMAN Street Address (P.O. Box Number is Not Acceptable) 1420 NW BOCA RATON BLVD. #3 City BOCA RATON FL Zip Code 33432	
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 NEAL FREEMAN  DATE April 25/05 <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, 2005 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	D FREEMAN, NEAL 315 SE MIZNER BLVD, #207 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Freeman NEAL 1420 NW BOCA RATON BLVD. #3 BOCA RATON - FL. 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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.			
SIGNATURE: NEAL FREEMAN 		Date 04/25/05 561-395-6163	

14004676



04252005 Chg-P CR2E034 (10/03)

4. FEI Number
75-3069695

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**