

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000118701**

1. Entity Name  
**FREEDA ENTERPRISES, INC.**



Principal Place of Business  
**7950 N NOB AVE APT 107  
TAMARAC, FL 33321**

Mailing Address  
**7950 N NOB AVE APT 107  
TAMARAC, FL 33321**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0433636**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**SAM THANKACHEN, P.A.  
446 W HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000550250  
05/13/06-80053-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
SCUDDER, FREEDA M  
7950 N NOB HILL RD APT 107  
TAMARAC, FL 33321**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**V  
SCUDDER, RAHUL  
7950 N NOB HILL RD APT 107  
TAMARAC, FL 33321**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
JOHNSON, ANTHONY J  
7950 N NOB HILL RD APT 107  
TAMARAC, FL 33321**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

**FREEDA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/28/2006**

Date

**(954) 720-2506**  
Daytime Phone #