

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90441 032 ***150.00

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1. Entity Name
FRELD, INC.



Principal Place of Business

P.O. BOX 960098
MIAMI, FL 33296 US

Mailing Address

P.O. BOX 960098
MIAMI, FL 33296 US

50016093

2. Principal Place of Business

7700 SW 155 PLACE

3. Mailing Address

7700 SW 155 PLACE



04122006

Chg-P

CR2E034 (11/05)

Suite, Apt. #, etc.

STE 52

Suite, Apt. #, etc.

STE 52

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

35-2195512

Applied For

Not Applicable

Zip

33193

Country

MIAMI-DADE

Zip

33193

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOR, LILIANA Q
7700 SW 155 PLACE
UNIT 52
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME FLOR, LILIANA Q ☐ Delete
STREET ADDRESS P.O. BOX 960098
CITY-ST-ZIP MIAMI, FL 33296

TITLE V
NAME FLOR, DAVID ☐ Delete
STREET ADDRESS P.O. BOX 960098
CITY-ST-ZIP MIAMI, FL 33296

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME FLOR, LILIANA Q
STREET ADDRESS 7700 SW 155 PLACE STE 52
CITY-ST-ZIP MIAMI FL 33193

TITLE V ☒ Change ☐ Addition
NAME FLOR, DAVID
STREET ADDRESS 7700 SW 155 PLACE STE 52
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Liliana Flor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/06

Date

Daytime Phone #