


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90011 035 \*\*\*150.00

<b>DOCUMENT # P03000022975</b> 1. Entity Name <b>FRIAS ENTERPRISES, INC.</b>	
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Principal Place of Business <b>14415 7TH STREET DADE CITY, FL 33525 US</b>	Mailing Address <b>14415 7TH STREET DADE CITY, FL 33525 US</b>
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40114000



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3101524</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**FRIAS, JOSE L  
10940 HIGHVIEW DRIVE  
DADE CITY, FL 33525**

**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 Carmen Frias (NOTE: Registered Agent signature required when not stating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIAS, JOSE L 10940 HIGHVIEW DRIVE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIAS, MARIA D 10940 HIGHVIEW DRIVE DADE CITY, FL 33525
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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: Carmen Frias  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_