



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90701 026 \*\*\*150.00

<b>DOCUMENT # P03000038564</b> 1. Entity Name <b>FREE STATE LEATHER INC.</b>																													
Principal Place of Business <b>877 NW 208 DR. PEMBROKE PINES, FL 33029</b>				Mailing Address <b>877 NW 208 DR. PEMBROKE PINES, FL 33029</b>																									
2. Principal Place of Business <b>7400 NW 7<sup>th</sup> Street</b> Suite, Apt. #, etc. <b>110</b> City & State <b>MIAMI, FL</b> Zip <b>33126</b> Country <b>U.S.A.</b>		3. Mailing Address <b>7400 NW 7<sup>th</sup> Street</b> Suite, Apt. #, etc. <b>110</b> City & State <b>MIAMI, FL</b> Zip <b>33126</b> Country <b>U.S.A.</b>																											
4. FEI Number <b>76-0729047</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>RINCON, JAVIER</b> <b>877 NW 208 DR.</b> <b>PEMBROKE PINES, FL 33029</b>			7. Name and Address of New Registered Agent Name <b>JAVIER RINCON</b> Street Address (P.O. Box Number is Not Acceptable) <b>7400 NW 7<sup>th</sup> Street, # 110</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33126</b>																										
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 <u>X <i>Javier Rincon</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/29/04</u>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RINCON, JAVIER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>877 NW 208 DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33029</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	RINCON, JAVIER		STREET ADDRESS	877 NW 208 DR.		CITY-ST-ZIP	PEMBROKE PINES, FL 33029		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JAVIER RINCON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7400 NW 7<sup>th</sup> Street, # 110</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33126</td> <td></td> </tr> </table>			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JAVIER RINCON		STREET ADDRESS	7400 NW 7 <sup>th</sup> Street, # 110		CITY-ST-ZIP	MIAMI, FL 33126	
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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: <u>X <i>Javier Rincon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/29/04</u> Daytime Phone # <u>305-2673767</u>																									