## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P03000071070**

1. Entity Name FREDDIE MATHIS ENTERPRISES, INC.



**FILED** Mar 02, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

Fee Required

Principal Place of Business

PO BOX 570931 MIAMI, FL 33257 Mailing Address

PO BOX 570931 MIAMI, FL 33257



## DO NOT WRITE IN THIS SPACE

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4,	FEI Number	 Applied For
	65-1205742	Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

1000 PONCE DE LEON BLVD #115 CORAL GABLES, FL 33134

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

02212005

					1110 017102			
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 ag								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ZF Added to Fees		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MATHIS, FREDDIE PO BOX 570931 MIAMI, FL 33257							
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATHIS, FREDDIE PO BOX 570931 MIAMI, FL. 33257				U00000248785 03/02/05-80044-008 155.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE HAME STREET ADDRESS CITY-ST-ZIP								
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.								

IG OFFICER OR DIRECTOR