2004 FOR PROFIT CORPORATION

SIGNATURE:

FILED Feb 18, 2004 8:00 am **ANNUAL REPORT (AR) Secretary of State DOCUMENT # P03000083604** 1. Entity Name 02-18-2004 90003 014 ***150.00 BONDS FOR FREEDOM, INC Principal Place of Business Mailing Address 1949 SOUTH OAK HAVEN CIRCLE NORTH MIAMI BEACH FL 33179 US 1949 SOUTH OAK HAVEN CIRCLE 54007837 NORTH MIAMI BEACH FL 33179 3. Mailing Address 521 S. Andrew 2. Principal Place of Business Apt. #, etc MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Browned Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name مستهين والأراد والأراد والأراد VELASQUEZ, GILBERT Street Address (P.O. Box Number is Not Acceptable) 1949 SOUTH OAK HAVEN CIRCLE NORTH MIAMI BEACH FL 33179 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 (NOTE: Registered Agent signature FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE ☐ Change Addition ☐ Delete Candy Velasoue -7820 Divido Blud. NAME VELASQUEZ, GILBERT NAME STREET ADDRESS 1949 SOUTH OAK HAVEN CIRCLE STREET ADDRESS NORTH MIAMI BEACH FL 33179 CITY-ST-ZIP CITY-ST-ZIP Miramar FL 33023 Change Addition Delete TITLE TITLE NAME Joshua Velas quez NAME 7820 Dilido Blud. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME · NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

P0300083601

Please Send me the State Certificate, so I may open a Business account.

WWW Bondstor Freedom con Juliet Veladque

Bonds For Freedom Ones,

Tel: 954-463-2227 • Fax: 954-463-2228