


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90012 047 ***150.00

DOCUMENT # P04000164776			
1. Entity Name FREE SPIRIT GROUP INC.			
Principal Place of Business 17941 NW 42ND PLACE MIAMI FL 33155		Mailing Address 17941 NW 42ND PLACE MIAMI FL 33155	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIS, RONALD L ESQUIRE 1550 NE MIAMI GARDENS DR, STE 200 KISLAK NATIONAL BANK BLDG N MIAMI BEACH FL 33179		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		DATE	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	



1st MOORE CR2E034 (10/06)

4. FEI Number	76-0773994	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HINES, DIRK 17941 NW 42ND PLACE MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HINES, SABRINA 17941 NW 42ND PLACE MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KING, DANIEL 17941 NW 42ND PLACE MIAMI FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sabrina Hines* **3/26/07** **(305) 683-1669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40048954



DOCUMENT # P04000164776
 1. Entity Name
 FREE SPIRIT GROUP INC.



Principal Place of Business Mailing Address
 17941 NW 42ND PLACE 17941 NW 42ND PLACE
 MIAMI, FL 33155 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

01062007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 76-0773994 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RONALD L ESQUIRE
 1550 NE MIAMI GARDENS DR, STE 200
 KISLAK NATIONAL BANK BLDG
 N MIAMI BEACH, FL 33179

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**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	VPD
NAME	HINES, DIRK
STREET ADDRESS	17941 NW 42ND PLACE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	P
NAME	HINES, SABRINA
STREET ADDRESS	17941 NW 42ND PLACE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD <i>Delete</i>
NAME	KING, DANIEL
STREET ADDRESS	17941 NW 42ND PLACE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: *Sabrina Hines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07 *(305) 623-1669*
Date Daytime Phone #