

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90024 020 ***150.00

DOCUMENT # P07000053905

1. Entity Name
FREE2ROAM, INC



Principal Place of Business
**700 SE 14TH ST
UNIT M
FT LAUDERDALE, FL 33316**

Mailing Address
**700 SE 14TH ST
UNIT M
FT LAUDERDALE, FL 33316**

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

02022008

Chg-P

CR2E034 (12/06)

4. FEI Number

26-0186067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name **VERNON A. ALLEN**

Street Address (P.O. Box Number is Not Acceptable)

700 S.E. 14th street

Unit M

City **Fort Lauderdale**

FL

Zip Code **33316**

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.

VERNON A. ALLEN

(NOTE: Registered Agent signature required when reinstating)

2/3/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **D'SOUZA, RALPH**
STREET ADDRESS **13826 NW 22ND CT**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **D** ☐ Delete
NAME **ALLEN, VERNON A**
STREET ADDRESS **700 SE 14TH ST**
CITY-ST-ZIP **FT LAUDERDALE, FL 33316**

TITLE **D** ☐ Delete
NAME **PHAM, MINH T**
STREET ADDRESS **10687 KASMIR CT**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** ☐ Delete
NAME **ANDRIC, OLEG MR**
STREET ADDRESS **2017 TIGRIS DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **D** ☐ Delete
NAME **CHIOU, WAYNE W MR**
STREET ADDRESS **3091 N.W. 123RD AVENUE**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ralph D'Souza

RALPH D'SOUZA, DIRECTOR

2/3/08

(954) 661-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #