

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90018 013 \*\*\*150.00

**DOCUMENT # P95000054979**

1. Entity Name  
**FREIXAS CORP.**



Principal Place of Business  
**7967 NW 33 STREET  
MIAMI, FL 33122 US**

Mailing Address  
**7967 NW 33 STREET  
MIAMI, FL 33122 US**

**94028000**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0598564**

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

**FREIXAS, CARMINA  
1173 N.W. 128 PLACE  
MIAMI, FL 33182**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME FREIXAS, FRANCISCO  
STREET ADDRESS 1173 N.W. 128 PLACE  
CITY-ST-ZIP MIAMI, FL 33182

TITLE **P/D** ☒ Change ☐ Addition  
NAME **Freixas, Esteban V**  
STREET ADDRESS **1173 N.W. 128 Place**  
CITY-ST-ZIP **Miami, FL 33182**

TITLE SD ☐ Delete  
NAME FREIXAS, CARMINA  
STREET ADDRESS 1173 N.W. 128 PLACE  
CITY-ST-ZIP MIAMI, FL 33182

TITLE **D** ☒ Change ☐ Addition  
NAME **Freixas, Francisco**  
STREET ADDRESS **1173 N.W. 128 Place**  
CITY-ST-ZIP **Miami, FL 33182**

TITLE VD ☐ Delete  
NAME FREIXAS, ESTEBAN V  
STREET ADDRESS 1173 N.W. 128 PLACE  
CITY-ST-ZIP MIAMI, FL 33182

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

**Esteban V. Freixas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/9/04**  
Date

**(305) 592-4071**  
Daytime Phone #