

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003742

FILED
Mar 04, 2009
Secretary of State

Entity Name: FREEDOM BOUND INSTITUTE, INC.

Current Principal Place of Business:

1250 SW 27TH AVENUE, SUITE 303
MIAMI, FL 33135

New Principal Place of Business:

7170 SW 4TH STREET
MIAMI, FL 33144

Current Mailing Address:

1250 SW 27TH AVENUE, SUITE 303
MIAMI, FL 33135

New Mailing Address:

7170 SW 4TH STREET
MIAMI, FL 33144

FEI Number: 65-0653628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADOLESME, ANA S
1250 SW 27TH AVENUE
SUITE # 303
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

DELGADOLESME, ANA S
7170 SW 4TH STREET
MIAMI, FL 33144 US

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.

SIGNATURE: ANA DELGADOLESME

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELGADOLESME, ANA S
Address: 1250 SW 27TH AVENUE, SUITE 303
City-St-Zip: MIAMI, FL 33135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DELGADOLESME, ANA S
Address: 7170 SW 4TH ST
City-St-Zip: MIAMI, FL 33144 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA DELGADOLESME

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date