


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90098 011 \*\*\*150.00

EP DVN EOU S \$71294 2/ Entity Name FREITAS INCORPORATED	571294	
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Principal Place of Business 6: 13!NEOLUFFB/MX CSEFOUPO!QM4531: 5902 Manatee Ave. W. Bradenton FL 34209	Mailing Address 6: 13!NEOLUFFB/MX CSEFOUPO!QM4531:
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EP OPU X SJF JO UI JT TQBDF

40038722



03052007 Op!Di h.Q DS3F145!22016\*

5/ FEI Number 65-0274203	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/> %0/86 Beejupobm G f!Sf r vj! e	

7/ Obn f lboelBeeS t t lpgDvss ouSf hjt uf sf e!Bhf ou

FREITAS, ANGELICA M.  
303 57 ST CT W  
BRADENTON, FL 34209

EP OPU X SJF!  
JO UI JT TQBDF

\* 9/ 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	%6/11 NbzlCf! Bee f elp!G f t
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21/ OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FREITAS, FERNANDO A. 303 57 ST CT W BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREITAS, ANGELICA M. 303 57 ST CT W BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CURRY, LISA F 4800 HAMLETS GROVE DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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23/ 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.

T.JOBVUSF; *Angelica M Freitas* 3-08-07  
T.JOBVUSFBOELUZCFPSIOSJUFEBGNFPGTJHODHPGGDFSIPSELSFDPUS Date Daytime Phone #