


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

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| DOCUMENT # G16433 1. Entity Name NACARPAFE CORPORATION |  |
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| Principal Place of Business 5000 S.W. 82ND AVENUE MIAMI, FL 33155 US | Mailing Address 5000 SW 82ND AVE MIAMI, FL 33155 |
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03302005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-2244017 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CRUZ, ALEJANDRINA G.
780 N W LEJEUNE RD
SUITE 427
MIAMI, FL 33126

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000284364
 04/02/05-80002-009 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD PARODI, FULBIO 5000 S.W. 82 AVENUE MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PARODI, IRIA 5000 S.W. 82ND AVENUE MIAMI, FL 33155 |
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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: FULBIO PARODI (PRESIDENT) 03/30/05 305-595-3270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #