


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # M53406
 1. Entity Name
PELFAM INCORPORATED



Principal Place of Business Mailing Address
 11960 N.W. 87TH COURT 11960 N.W. 87TH COURT
 HIALEAH GARDENS, FL 33016 HIALEAH GARDENS, FL 33016

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01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2827933 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 PELAEZ, JR., PEDRO
 11960 NW 87TH COURT
 HIALEAH, FL 33018

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELAEZ, PEDRO R. 11960 NW. 87TH COURT HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PELAEZ, PEDRO 11960 NW 87TH COURT HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PELAEZ, RAUL 11960 NW 87TH COURT HIALEAH, FL 33018
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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/24/07 Daytime Phone #: 305-823-9777