2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# P05000008743

Entity Name: COMFER REEF PROPERTY CORP.

Current Principal Place of Business:

935 BELLA VISTA AVE
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

935 BELLA VISTA AVE
CORAL GABLES, FL 33156

New Mailing Address:

FEI Number: 36-4568824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARAZOZA, CARLOS F
2100 SALZEDO STREET SUITE 300
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: COMAS, GASTON
Address: 935 BELLA VISTA AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: DV ( ) Delete
Name: FERNANDEZ, ALBERT
Address: 5945 SW 114 TERRACE
City-St-Zip: PINECREST, FL 33156

Title: DT ( ) Delete
Name: FERNANDEZ, BLANCA
Address: 5945 SW 114 TERRACE
City-St-Zip: PINECREST, FL 33156

Title: DS ( ) Delete
Name: COMAS, GLORIA
Address: 935 BELLA VISTA AVE
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GASTON COMAS DP 03/17/2008

Electronic Signature of Signing Officer or Director Date