


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000053731
1. Entity Name
GEFRA INVESTMENTS CORP.



Principal Place of Business
21150 BISCAYNE BLVD.
#302
AVENTURA, FL 33180 US

Mailing Address
21150 BISCAYNE BLVD.
#302
AVENTURA, FL 33180 US



01062004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0533411

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRAYND, GERMAN
21150 BISCAYNE BLVD.
#302
AVENTURA, FL 33180

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRAYND, GERMAN
STREET ADDRESS	21150 BISCAYNE BLVD.
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	VP
NAME	FRAYND, PAUL
STREET ADDRESS	21150 BISCAYNE BLVD STE 302
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	S
NAME	FRAYND, ALAN
STREET ADDRESS	21150 BISCAYNE BLVD STE 302
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/06/04-80085-022 150.00

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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:  Date: 2/2/2004 Time Phone #: 3059474461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR