

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90037 024 ***158.75

DOCUMENT # 219494 1. Entity Name AMFRA MANAGEMENT, INC.			
Principal Place of Business 8375 N.W. 56 STREET MIAMI, FL 33166		Mailing Address 8375 N.W. 56 STREET MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 12380 SW 130 ST		3. Mailing Address 12380 SW 130 ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33186		Zip 33186	
Country DAVE		Country DAVE	
4. FEI Number 59-6072958		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, KAI 201 S. BISCAYNE BLVD STE 1500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reissuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME KRAUTKREMER, FRANZ STREET ADDRESS 8375 N.W. 56 STREET CITY-STATE-ZIP MIAMI, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 12380 SW 130 ST NAME MIAMI, FL 33186 STREET ADDRESS MIAMI, FL 33186 CITY-STATE-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE D NAME KRAUTKREMER, ANN STREET ADDRESS 8375 N.W. 56 STREET CITY-STATE-ZIP MIAMI, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 12380 SW 130 ST NAME MIAMI, FL 33186 STREET ADDRESS MIAMI, FL 33186 CITY-STATE-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE D&S NAME KRAUTRMER, MICHAEL STREET ADDRESS 8275 NW 56 ST CITY-STATE-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 12380 SW 130 ST NAME MIAMI, FL 33186 STREET ADDRESS MIAMI, FL 33186 CITY-STATE-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
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:		X 15 JAN 2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	