

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004544

FILED
Apr 21, 2009
Secretary of State

Entity Name: JOARFE CORPORATION

Current Principal Place of Business:

PROFESSIONAL OFFICES PARK II
SAN ROBERTO ST. 1001
SAN JUAN, PR 00926

New Principal Place of Business:

Current Mailing Address:

PO BOX 11750 FERNANDEZ JUNCOS STA.
SAN JUAN, PR 00910

New Mailing Address:

FEI Number: 66-0640205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, JOSE A
2333 BRIKELL AVE APT 2607
MIAMI, FL 33131 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: CP () Delete
Name: PAOLI, JOSE F
Address: PO BOX 11750 FERNANDEZ JUNCOS STA.
City-St-Zip: SAN JUAN, PR 00910

Title: VC () Delete
Name: MARTINEZ, MARINA
Address: PO BOX 11750 FERNANDEZ JUNCOS STA.
City-St-Zip: SAN JUAN, PR 00910

Title: DS () Delete
Name: FERNANDEZ, ALFREDO
Address: PO BOX 11750 FERNANDEZ JUNCOS STA.
City-St-Zip: SAN JUAN, PR 00910

Title: DT () Delete
Name: FERNANDEZ, JOSE RAFAEL
Address: PO BOX 11750 FERNANDEZ JUNCOS STA.
City-St-Zip: SAN JUAN, PR 00910

Title: VP () Delete
Name: QUINONES, MARINA M
Address: PO BOX 11750 FERNANDES JUNCOS STA.
City-St-Zip: SAN JUAN, PR 00926

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:

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: JOSE F. PAOLI

Electronic Signature of Signing Officer or Director

CP

04/21/2009

_____ Date