

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K83610**

1. Entity Name  
**AFCO CONSTRUCTORS, INC.**



Principal Place of Business

**1804 NW MADRID WAY  
BOCA RATON, FL 33432 US**

Mailing Address

**C/O JOSEPHINE FERRERA  
1480 S.W. 16TH ST.  
BOCA RATON, FL 33486-6534**



05072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0128864** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERRERA, JOSEPHINE  
1480 S.W. 16TH ST.  
BOCA RATON, FL**

**DO NOT WRITE  
IN THIS SPACE**

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

*Signature, typed or printed name of registered agent and title if applicable*

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERRERA, JOSEPHINE
STREET ADDRESS	1480 S.W. 16TH ST.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	FERRERA, ALDO
STREET ADDRESS	1480 S.W. 16TH ST.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000951591  
06/04/08-80041-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Josephine Ferrera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Josephine Ferrera 5/7/08 561-338-2160**

Date

Daytime Phone #