2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M26462

Entity Name: ARFA INTERNATIONAL, INC.

FILED Jul 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O FARID AKHTAREKHAVARI C/O JANILLA AKHTAREKHAVARI 8621 S.W. 179 ST. MIAMI, FL 33157 8621 S.W. 179 ST. MIAMI, FL 33157

Current Mailing Address: New Mailing Address:

C/O FARID AKHTAREKHAVARI C/O JANILLA AKHTAREKHAVARI P O BOX 570502 P O BOX 570502 MIAMI, FL 332570502 US MIAMI, FL 332570502 US

FEI Number: 59-2655831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AKHTAREKHAVARI, FARID AKHTAREKHAVARI, JANILLA 8621 S.W. 179 ST. 8621 S.W. 179 ST. MIAMI, FL 33157 US MIAMI, FL 33157

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: JANILLA AKHTAREKHAVARI 07/24/2008

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title: AKHATAREKHAVARI, JANILLA AKHATAREKHAVARI, JANILLA Name: Name: 8621 S.W. 179 STREET Address: 8621 S.W. 179 STREET Address:

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL

Title: (X) Delete Title: () Change () Addition

AKHTAREKHAVARI, FARID Name: Name: 8621 S.W. 179 ST. Address: Address: MIAMI, FL City-St-Zip: 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.

Ρ SIGNATURE: JANILLA AKHTAREKHAVARI 07/24/2008