


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M57956					
1. Entity Name AFFAR ENTERPRISES, INC.					
Principal Place of Business 4137 NW 135 STREET OPA LOCKA FL 33054 US			Mailing Address 4137 NW 135 STREET OPA LOCKA FL 33054 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2848910 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAFFA, RAFFAELE 4137 NW 1354 ST OPA-LOCKA FL 33054			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	RAFFA, RAFFAELE A.	TITLE			
STREET ADDRESS	937 N.W. 201 AVE.	NAME			
CITY-ST-ZIP	PEMBROKE PINES FL	STREET ADDRESS	U00000413742		
TITLE	VP <input type="checkbox"/> Delete	CITY-ST-ZIP	02/11/06-80009-002 150.00		
NAME	RAFFA, CAMELA	TITLE			
STREET ADDRESS	4137 NW 135 ST	NAME			
CITY-ST-ZIP	OPA LOCKA FL 33054	STREET ADDRESS			
TITLE		CITY-ST-ZIP			
NAME	<input type="checkbox"/> Delete	TITLE			
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME		TITLE			
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME		TITLE			
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME		TITLE			
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carmela Raffa CARMELA RAFFA **1-27-06 (305) 681-35**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #