

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M57956

FILED
Feb 10, 2009
Secretary of State

Entity Name: AFFAR ENTERPRISES, INC.

Current Principal Place of Business:

4137 NW 135 STREET
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

4137 NW 135 STREET
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 59-2848910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFFA, RAFFAELE
4137 NW 1354 ST
OPA-LOCKA, FL 33054 US

Name and Address of New Registered Agent:

RAFFA, RAFFAELE
4137 NW 135 ST
OPA-LOCKA, FL 33054 US

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

02/10/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAFFA, RAFFAELE A.,
Address: 937 N.W. 201 AVE.
City-St-Zip: PEMBROKE PINES, FL

Title: VP () Delete
Name: RAFFA, CAMELA
Address: 4137 NW 135 ST
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CARMELA RAFFA

Electronic Signature of Signing Officer or Director

VP

02/10/2009

Date