

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008649

1. Entity Name
A.F.R.A. INC.



Principal Place of Business

1750 NE 191ST STREET # 105-1
NORTH MIAMI BEACH, FL 33179

Mailing Address

1750 NE 191ST STREET # 105-1
NORTH MIAMI BEACH, FL 33179



04202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0794516

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CADET, JOSEPH CARMEL
3381 NW 32ND COURT
LAUDERDALE LAKES, FL 33309

**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 reinstalling)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CADET, JOSEPH CARMEL
STREET ADDRESS 3381 NW 32ND COURT
CITY-ST-ZIP LAUDERDALE LAKES, FL 33309

TITLE SD
NAME ERVILUS, GARVEY MICHEL
STREET ADDRESS 18921 NW 11TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE TD
NAME ERVILUS, ANNE-MARIE
STREET ADDRESS 1750 NE 191ST STREET # 105-1
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE D
NAME RIGAUD METELLUS, CAMILLE
STREET ADDRESS 17630 NE 4TH AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/27/05-80107-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

Joseph C. Cadet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH C. CADET

Date

Daytime Phone #

4/25/05