

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90022 046 \*\*\*150.00

**DOCUMENT # P00000021039**

1. Entity Name  
ORFRA, INC.



Principal Place of Business  
7255 S.W. CORAL WAY  
MIAMI, FL 33155

Mailing Address  
7255 S.W. CORAL WAY  
MIAMI, FL 33155

4001030



**DO NOT WRITE IN THIS SPACE**

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number ~~65-0985709~~ **65-0985709** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, SAILY  
8521 NW 138 TERR UNIT #1807  
MIAMI LAKES, FL 33016

**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**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FERNANDEZ, SAILY  
STREET ADDRESS 8521 NW 138 TERR UNIT #1807  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Saily Fernandez president 1/11/08 305 2053000*