2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 20, 2004 08:00 AM Secretary of State **DOCUMENT # P01000082031** AMARFRAN INVESTMENTS, INC. Principal Place of Business Mailing Address 10010 DEAN CHASE BLVD 10010 DEAN CHASE BLVD ORLANDO, FL 32825 ORLANDO, FL 32825 CR2E034 (10/03) 01152004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0032928 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANCHEZ, MYRIA DO NOT WRITE 10010 DEAN CHASE BLVD ORLANDO, FL 32825 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 fegistered agent. Signature, typed or printed hame of registered agent and title applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SANCHEZ, MYRIA STREET ADDRESS 10010 DEAN CHASE BLVD U00000007510 01.720704-80023-025 150.00 CITY-ST-ZIP ORLANDO, FL 32825 FIGNEROA, JOSE I NAME STREET ADDRESS 10010 DEAN CHASE BLVD ORLANDO, FL 32825 CITY-ST-ZIP TITLE FIGNEROA, AMARIS 10010 DEAN CHASE BLVD STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32825 IN THIS SPACE TITLE FIGUEROA, JOSE F NAME STREET ADDRESS 10010 DEAN CHASE BLVD CITY-ST-ZIP ORLANDO, FL 32825 TITLE NAME

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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CER OR DIRECTOR

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