2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000118615

1. Entity Name

CAR FRAN MAR, ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2871 WEST 75 TERR. HIALEAH, FL 33016

2871 WEST 75 TERR. HIALEAH, FL 33016

FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90056 045 ***158.75

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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1158806 Applied For Not Applicable

5. Certificate of Status Desired

X.

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELAZQUEZ, FRANCISCO 2871 WEST 75 TERR. HIALEAH, FL 33016

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	•				
8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its regis	stered office or r	registered agent, or both, in the Stat	te of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if	applicable (NOTE Regi	istered Agent signature	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	PD · 4				
NAME	VELAZQUEZ, FRANCISCO				
STREET ADDRESS	2871 WEST 75 TERR.				
CITY-ST-ZIP	HIALEAH, FL 33016		l l		
TITLE	VD				
NAME	VELAZQUEZ, CARLOS				
STREET ADDRESS					
CITY-S1-ZIP	HIALEAH, FL 33016				
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NAME					
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STREET ADDRESS			1		

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: X

CITY-ST-ZIP

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 (305) 362-0433