


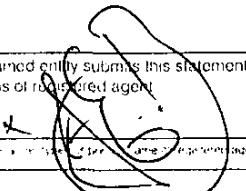
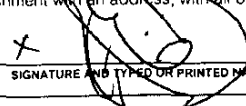
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90008 003 ***150.00

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DOCUMENT # P02000045853			
1. Entity Name COMFAR INTERNATIONAL CORP.			
Principal Place of Business 2853 WORK DR., #3 FORT MYERS, FL 33916		Mailing Address 2853 WORK DR., #3 FORT MYERS, FL 33916	
2. Principal Place of Business - No P.O. Box # 2855 WORK DR.		3. Mailing Address 2855 WORK DR.	
Suite Apt # etc. # 3-6		Suite Apt. #, etc. # 3-6	
City & State FORT MYERS FL		City & State FORT MYERS FL	
Zip 33916		Country	
Country		Zip 33916	
Country		Country	
4. FEI Number 90-0057416		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROJAS, FABIO E 2853 WORK DR., #3 FORT MYERS, FL 33916		7. Name and Address of New Registered Agent Name ROJAS, FABIO E. Street Address (P.O. Box Number is Not Acceptable) 2855 WORK DR. # 3-6 City FORT MYERS FL Zip Code 33916	
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 		DATE XII-28-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME ROJAS, FABIO E	TITLE P	NAME ROJAS, FABIO E
STREET ADDRESS 4449 20TH AVE SW	CITY-STATE-ZIP NAPLES, FL 34116	STREET ADDRESS 705 HAROLD AVE.	CITY-STATE-ZIP LEHIGH ACRES FL 33971
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date XII-28-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	