FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90232 042 ***150.00

0U082709

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000045853

1. Entity Name
COMFAR INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
3501 DEL PRADO BLVD SUITE 306 CAPE CORAL, FL 33904	3501 DEL PRADO BLVD SUITE 306 CAPE CORAL, FL 33904

2. Principal Place of Business	3. Mailing Address
1450 SE 18TH TR.	
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: CAPE CORAL FL	City & State
Zip: 33990 Country: US	Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0704612 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLADYS, QUINTERO 3501 DEL PRADO BLVD SUITE 306 CAPE CORAL, FL 33904	Name: FABIO E. ROJAS Street Address (P.O. Box Number is Not Acceptable): 1450 SE. 18TH TERRACE City: CAPE CORAL FL Zip Code: 33990

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 X [signature] 3/18/2003

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROJAS, FABIO E	NAME	
STREET ADDRESS	3501 DEL PRADO BLVD SUITE 306	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	QUINTERO, GLADYS	NAME	
STREET ADDRESS	3501 DEL PRADO BLVD SUITE 306	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33904	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing 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: X [signature] 3/18/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #