

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 APR 19 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064005

1. Entity Name
ANFRA ENTERPRISES, CORP.



Principal Place of Business
6511 SW 136 CT
MIAMI, FL 33183

Mailing Address
6511 SW 136 CT
MIAMI, FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182005

Chg-P

CR2E034 (10/03)

MRS

4. FEI Number
46-0483909

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

GARCIA, ENRIQUE G
6511 SW 136 CT
MIAMI, FL 33183

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renewing)

04/18/2005
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME GARCIA, ENRIQUE G
STREET ADDRESS 6511 SW 136 CT
CITY-ST-ZIP MIAMI, FL 33183

PD ☒ Delete
NAME GARCIA, FRANCISCO
STREET ADDRESS 6511 SW 136 CT
CITY-ST-ZIP MIAMI, FL 33183

VPD ☒ Delete
NAME GARCIA, ROSANGELA
STREET ADDRESS 6511 SW 136 CT
CITY-ST-ZIP MIAMI, FL 33183

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P ☐ Change ☒ Addition
NAME Garcia, Rosangela
STREET ADDRESS 6511 S.W. 136 Ct.
CITY-ST-ZIP Miami, FL 33183

☐ Change ☐ Addition
NAME 100054033151
STREET ADDRESS 05/09/05--01005--013
CITY-ST-ZIP **150.00

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2005 (305) 385-6444
Date Daytime Phone #