2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000037314

1. Entity Name
CAFRAN CORP.

Principal Place of Business	Mailing Address
3457 PINEHAVEN CIRCLE	3457 PINEHAVEN CIRCLE
BOCA RATON, FL 33431	BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

03182005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
57-1172952	Not Applicable

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

6. Name and Address of Current Registered Agent

HELLER, CAROL
3457 PINEHAVEN CIRCLE
BOCA RATON, FL 33431

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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 reinstating)   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

TITLE	PSD
NAME	BORGENICHT, HARRY
STREET ADDRESS	3457 PINEHAVEN CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33431

U00000288835
04/06/05-80001-013 150.00

TITLE	VTD
NAME	BORGENICHT, EDITH
STREET ADDRESS	3457 PINEHAVEN CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33431

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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: _____ HARRY BORGENICHT - Pres   4/5/05   561 487 5683

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