2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90053 008 ***150.00

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1. Entity Name
AFRODITA, CORP.

40103519

Principal Place of Business	Mailing Address
1090 NW 123 RD CT MIAMI, FL 33182	1090 NW 123 RD CT MIAMI, FL 33182

04302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12564 S.W. 27 ST	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33175 Country	Zip Country

4. FEI Number: 20-1183913 ☐ 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
PAEZ, LUZ M 1090 NW 123 RD CT MIAMI, FL 33182	Name: LUZ PAEZ Street Address (P.O. Box Number is Not Acceptable): 12564 S.W. 27 ST City: Miami FL Zip Code: 33175

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: Luz Paez
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, 2007 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PAEZ, LUZ 1090 NW 123 RD CT MIAMI, FL 33182	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P LUZ PAEZ 12564 S.W. 27 ST Miami, FL 33175	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ARAUZ, LUIS C 1090 NW 123 RD CT MIAMI, FL 33182	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAMON MELIAN 12564 S.W. 27 ST Miami, FL 33175	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ 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: Luz Paez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #