

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90008 048 ***150.00

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1. Entity Name
GAFERNA, INC.



Principal Place of Business
1390 LENAPE DRIVE
MIAMI SPRINGS, FL 33166

Mailing Address
1390 LENAPE DRIVE
MIAMI SPRINGS, FL 33166

400440



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1613098

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, GABRIEL
1390 LENAPE DRIVE
MIAMI SPRINGS, FL 33166

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IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RODRIGUEZ, GABRIEL
STREET ADDRESS	1390 LENAPE DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	DT
NAME	RODRIGUEZ, JUAN
STREET ADDRESS	1390 LENAPE DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	D
NAME	RODRIGUEZ, FERNANDO
STREET ADDRESS	1390 LENAPE DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	D
NAME	RODRIGUEZ, ELENA
STREET ADDRESS	1390 LENAPE DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #