


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90115 027 \*\*\*150.00  
P04000142607

<b>DOCUMENT # P04000142607</b>					
1. Entity Name <b>CANAFEL INVESTMENTS, INC.</b>					
Principal Place of Business <b>7735 SW 99 AVE MIAMI, FL 33173</b>			Mailing Address <b>7735 SW 99 AVE MIAMI, FL 33173</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1767471</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FELISGRAU, JUAN B 7735 SW 99 AVE MIAMI, FL 33173</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when reappointing.</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELISGRAU, JUAN B</b>			NAME	
STREET ADDRESS	<b>7735 SW 99 AVE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33173</b>			CITY-ST-ZIP	
TITLE	VS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANABAL, FELIX</b>			NAME	
STREET ADDRESS	<b>7635 SW 82 AVE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELISRAU, GENOVEVA</b>			NAME	<b>FELISGRAU, GENOVEVA</b>
STREET ADDRESS	<b>7735 SW 99 AVE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33173</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANABAL, MARIA</b>			NAME	
STREET ADDRESS	<b>7635 SW 82 AVE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Juan B Felisgrau</i>		<b>JUAN B FELISGRAU</b>		<b>7/1/05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Telephone #</small>	
				<b>786-897-4172</b>	

FILED

05 JUL 18 PM 4:23

50054574

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07012005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1767471** 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

FELISGRAU, JUAN B  
7735 SW 99 AVE  
MIAMI, FL 33173

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when reappointing.

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELISGRAU, JUAN B			NAME
STREET ADDRESS	7735 SW 99 AVE			STREET ADDRESS
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANABAL, FELIX			NAME
STREET ADDRESS	7635 SW 82 AVE			STREET ADDRESS
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELISRAU, GENOVEVA			NAME
STREET ADDRESS	7735 SW 99 AVE			STREET ADDRESS
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANABAL, MARIA			NAME
STREET ADDRESS	7635 SW 82 AVE			STREET ADDRESS
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME
STREET ADDRESS				STREET ADDRESS
CITY-ST-ZIP				CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME
STREET ADDRESS				STREET ADDRESS
CITY-ST-ZIP				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: *Juan B Felisgrau* **JUAN B FELISGRAU** **7/1/05** **786-897-4172**

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

Roberts JUL 18 2005