

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000142607

1. Entity Name  
CANAFEL INVESTMENTS, INC.



Principal Place of Business

7735 SW 99 AVE  
MIAMI, FL 33173

Mailing Address

7735 SW 99 AVE  
MIAMI, FL 33173

**FILED**  
**Jun 13, 2008 08:00 AM**  
**Secretary of State**



06102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1767471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FELISGRAU, JUAN B
STREET ADDRESS	7735 SW 99 AVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VS
NAME	CANABAL, FELIX
STREET ADDRESS	7635 SW 82 AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	FELISGRAU, GENOVEVA
STREET ADDRESS	7735 SW 99 AVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	CANABAL, MARIA
STREET ADDRESS	7635 SW 82 AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000953106  
06/13/08-80003-014 150.00

**DO NOT WRITE  
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 all other like empowered.

SIGNATURE:

*Juan B. Felisgrau* JUAN FELISGRAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/08

Date

786-897-4172

Daytime Phone #