2007 FOR PROFIT CORPORATION

ate

ANNUAL REPURI				Jan 09, 2007 08:0	
DOCUMENT # 1. Entity Name KELFER INVESTMENT		53 .			Secretary of St
Principal Place of Business		Mailing Address			
4530 WEST 8TH PLACE HIALEAH, FL 33012-3522		4530 WEST 8TH PLACE HIALEAH, FL 33012-3522			Hik besid bindi bahb habi binbo iniboh in 1807
		Marine Landing			
				01042007 No Chg-P	CR2E034 (11/05)
DO NO	T WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
			, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	20-2792987	Not Applicable
		lo		5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					
GARCES, ROBERTO F 4530 WEST 8TH PLACE HIALEAH, FL 33012-3522				DO NOT W	
8. The above named entity su the obligations of registered		e purpose of changing its register	red office or register	red agent, or both, in the State of F	lorida. I am familiar with, and accept
SIGNATURE					
Signature, typed or pri	nted name of registered agent and	itte if applicable. (NOTE Register	ed Agent signature requirer	d when reinstating)	DATE
FILE NOW!!! FE After May 1, 2007 F		Election Campaign Fina Trust Fund Contribution		.00 May Be , seed to Fees & &	
10.	OFFICERS AND DIF	RECTORS	-		
TITLE PTD NAME GARCES, RO	NREDTO E				
<u> </u>	GARCES, ROBERTO F \$ 4530 WEST 8TH PLACE				
CITY-ST-ZIP HIALEAH, FL	I-ZIP HIALEAH, FL 330123522				
TITLE VSD					
NAME GARCES, ADA STREET ADDRESS 4530 WEST 8TH PLACE			The second		0579565
CITY-ST-ZIP HIALEAH, FL 330123522			hr.	$\mathbb{C}^{31} = 01/10/07$	-80012-015 150.00
TITLE			1	14. The second of the second o	- ee · ·
NAME STREET ADDRESS				۔ <u>۔ ۔ کئیس نے اسم</u> <u>۔ و</u> رور	
CITY-ST-ZIP	•		La Company	DO NOT W	/RITE
100					military for the second

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 ampowered 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 appropriate supplemental report is true and occurred by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appropriate supplemental report is true and occurred by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appropriate 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 of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oa

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> ROBERTO CHACES Total Year Sur. 20 8 613 13

1-4-07.

(301) 436-2996