


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90248 034 ***150.00

DOCUMENT # P07000029292		
1. Entity Name INFRA CORPORATION		

Principal Place of Business 8111 SW 137 ST MIAMI, FL 33158 US	Mailing Address 8111 SW 137 ST MIAMI, FL 33158 US
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2. Principal Place of Business - No P.O. Box # 2747 CALLAWAY LN	3. Mailing Address 2747 CALLAWAY LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KISSIMMEE, FL	City & State KISSIMMEE, FL
Zip 34744	Zip 34744
Country US	Country US



02102008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent PB&A FINANCIAL SERVICES CORP 174 NE 96 ST MIAMI, FL 33138		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTINI, BLANCA INES 8111 SW 137 ST MIAMI, FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTINI, BLANCA INES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2747 CALLAWAY LN KISSIMMEE, FL. 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, FRANKLIN J 8111 SW 137 ST MIAMI, FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, FRANKLIN J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2747 CALLAWAY LN KISSIMMEE, FL. 34744
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  3/10/08 (786) 285-3762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #