

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000020961

1. Entity Name
MAFAR U.S.A. CORP.



Principal Place of Business

2759 S.W. 34TH AVENUE
MIAMI, FL 33133

Mailing Address

2759 S.W. 34TH AVENUE
MIAMI, FL 33133

FILED
Apr 22, 2004 08:00 AM
Secretary of State



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0585664 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FIGUEROA, CLARA
2759 S.W. 34 AVE.
MIAMI, FL 33133

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000123917
04/22/04-80024-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FIGUEROA, CLARA N
STREET ADDRESS 2759 SW 34TH AVE
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #