

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90015 006 ***150.00

DOCUMENT # P96000026714

1. Entity Name
AFRINVEST, INC.



Principal Place of Business 601 BRICKELL KEY DR 805 MIAMI, FL 33131 US	Mailing Address 601 BRICKELL KEY DR 805 MIAMI, FL 33131 US
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2. Principal Place of Business 1441 Brickell Avenue	3. Mailing Address 1441 Brickell Avenue
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Suite, Apt. #, etc. Suite 1014	Suite, Apt. #, etc. Suite 1014
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City & State Miami, FL	City & State Miami, FL
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Zip 33131	Country	Zip 33131	Country
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07152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0766454	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ALLEN & GALEGO
601 BRICKELL KEY DR
805
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name Robert Allen Law
Street Address (P.O. Box Number is Not Acceptable) 1441 Brickell Avenue
Suite Suite 1014
City Miami
State FL
Zip Code 33131

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]* By: **Robert N. Allen, Jr., President** *8/10/04*
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 8, 2004**

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 SS	<input checked="" type="checkbox"/> Delete
NAME ALLEN, JR ROBERT N	
STREET ADDRESS 601 BRICKELL KEY D, STE 805	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME MORENO, RODRIGO ALBERTO	
STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 805	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME FERRER DE CARLES, ENNA MARIA	
STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 805	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME RAMIREZ, ALFREDO	
STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 805	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME LOPEZ ALFARO, LUIS R	
STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 805	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Allen, Robert N.	
STREET ADDRESS 1441 Brickell Avenue Ste 1014	
CITY-ST-ZIP Miami, FL 33131	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Moreno, Rodrigo Alberto	
STREET ADDRESS 1441 Brickell Avenue Ste 1014	
CITY-ST-ZIP Miami, FL 33131	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ferrer De Carles, Enna Maria	
STREET ADDRESS 1441 Brickell Avenue Ste 1014	
CITY-ST-ZIP Miami, FL 33131	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ramirez, Alfredo	
STREET ADDRESS 1441 Brickell Avenue Ste 1014	
CITY-ST-ZIP Miami, FL 33131	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lopez Alfaro, Luis R	
STREET ADDRESS 1441 Brickell Avenue Ste 1014	
CITY-ST-ZIP Miami, FL 33131	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Allen, Jr. *8/10/04* *305-372-3322*
Date Daytime Phone #