

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90097 031 ***150.00

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1. Entity Name
FARFAN CO.



Principal Place of Business
104 ANTIQUERA AVENUE #1
CORAL GABLES, FL 33134

Mailing Address
104 ANTIQUERA AVENUE #1
CORAL GABLES, FL 33134



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number **20-4037196** Applied For
~~NOT APPLICABLE~~ 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

BOWLER, MICHAEL ESQ
12590 SW 96 STREET
STE 214
MIAMI, FL 33176

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PEREZ, FELICIA
STREET ADDRESS 104 ANTIQUERA AVENUE #1
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPST
NAME BERNSTEIN, S
STREET ADDRESS PO BOX 3123
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06
Date

305-773-0615
Daytime Phone #