


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90058 043 \*\*\*150.00

<b>DOCUMENT # P98000012812</b> 1. Entity Name <b>AFINIDAD CORPORATION</b>			
Principal Place of Business <b>3363 NE 163RD STREET 809 NORTH MIAMI BEACH, FL 33160</b>		Mailing Address <b>666 71ST STREET MIAMI BEACH, FL 33141 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>809</b>		3. Mailing Address <b>3363 NE 163 STREET</b> Suite, Apt. #, etc. <b>809</b>	
City & State <b>MIAMI BEACH, FL 33160</b>		4. FEI Number <b>65-0815968</b>	
Zip <b>33160</b>		Country <b>US</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03192008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>LIPS, ALAN A 666 71ST STREET MIAMI BEACH, FL 33141</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent (and both if applicable) (NOTE: Registered Agent signature required when the state is) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ARAUJO, ALEJANDRO 3363 NE 163RD STREET - SUITE 809 NORTH MIAMI BEACH, FL 33160</b> <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
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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
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.			
<b>SIGNATURE:</b> <i>Alejandro Araujo</i> <b>ALEJANDRO ARAUJO</b>		Date <b>786-274-1414</b>	