

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90040 001 ***150.00

DOCUMENT # P98000013848					
1. Entity Name NAFE CORPORATION					
Principal Place of Business 7550 SW 57 AVE STE 211 SOUTH MIAMI, FL 33143 US			Mailing Address 7550 SW 57 AVE STE 211 SOUTH MIAMI, FL 33143 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0992849	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIOS, ALBERTO C/O VINCENT LOIACONO 7550 SW 57 AVE STE 211 SOUTH MIAMI, FL 33143			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME RIOS, ALBERTO	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 7550 SW 57 AVENUE, SUITE 211
CITY-ST-ZIP SOUTH MIAMI, FL 33143					
TITLE STD	NAME LONDONO, MARIA L	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 7550 SW 57 AVENUE, SUITE 211
CITY-ST-ZIP SOUTH MIAMI, FL 33143					
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
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: <i>[Signature]</i>			Date: 4/15/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		