2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 09, 2006 08:00 AM Secretary of State DOCUMENT # P99000082067 Entity Name PAFER CORPORATION Principal Place of Business Mailing Address 1518 BLUE ROAD 1518 BLUE ROAD CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0952392 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE PAZOS, ANDRES 1518 BLUE RD. CORAL GABLES, FL 33146 IN THIS SPACE 1. 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 lamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and trib if applicable. (NOTE: Registered Agent signature required when renstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000428269 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Ittle PΠ NAME PAZOS, ANDRES STREET ADDRESS 1518 BLUE ROAD CITY-ST-ZIP CORAL GABLES, FL 33146 STD TALE NAME PAZOS, GRECIA STREET ADDRESS 1518 BLUE ROAD CITY-ST-IP CORAL GABLES, FL 33146 TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an office or director of the corporation or the ecciver or it ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED