

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAR 17 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # V21626

1. Entity Name
SEMFRA, INC.



Principal Place of Business
**5101 N.W. 79TH AVE.
MIAMI, FL 33166 US**

Mailing Address
**5101 N.W. 79TH AVE.
MIAMI, FL 33166 US**

2. Principal Place of Business
7845 N.W. 57 St.

3. Mailing Address
7845 S.W. 57 St.

Suite, Apt. #, etc.
Suite # 1

City & State
Doral, FL

Zip
33166

Country
USA

03142005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0319271

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MESTRE, AMERICA
5101 N.W. 79TH AVE.
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name
MESTRE, AMERICA

Street Address (P.O. Box Number is Not Acceptable)
7845 S.W. 57 St. Suite # 1

City
Doral

Zip Code
FL 33166

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MESTRE, FRANCISCO W 4960 SW 82 AVE MIAMI, FL <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	ST MESTRE, AMERICA 4960 SW 82 AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600049077386 03/24/05--01005--003 **158.75 <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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-15-2005** Daytime Phone # **305/5922090**