

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 05, 2008 8:00 am
Secretary of State

08-25-2008 90002 017 ***550.00

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2nd MOORE CR2E034 (4/08)

DOCUMENT # V21626 1. Entity Name SEMFRA, INC.					
Principal Place of Business 7845 N.W. 57 ST, STE #1 DORAL FL 33166 US			Mailing Address 7845 N.W. 57 ST, STE #1 DORAL FL 33166 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-0319271 ☐ Applied For ☐ Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESTRE, AMERICA 7845 N.W. 57 ST, STE #1 DORAL FL 33166				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				AUG 21 2008 DATE	
SIGNATURE Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing)				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$550.00 - DUE BY September 3, 2008 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MESTRE, FRANCISCO W ☐ Delete 4960 SW 82 AVE MIAMI FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MESTRE, AMERICA ☐ Delete 4960 SW 82 AVE MIAMI FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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.					
SIGNATURE: President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				9/3/08 Date Daytime Phone #	

NYICE - IMPORTANT REQUEST

To help our county develop an economic development data base that holds geographically referenced (GIS) information, including each business location's NAICS code (North American Industrial Classification code), we need your help.

If you know, or can look up your business' NAICS code, we would like you to provide your business code, from 3 to 6 digits long, on your remittance stub. For internet access to a NAICS code research tool and more information, please go to www.census.gov/naics. Or request a printed copy of the entire NAICS code structure by sending us a fax or calling us at the numbers shown below.

Thank you.



Delivering Excellence Every Day

Finance Department • Tax Collection Division • Local Business Tax Section • 140 W. Flagler St • Miami, FL 33130 • T 305-270-4949 F 305-372-6368

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ATTACHMENT

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