## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR)				_ Jan 29, 20	Jan 29, 2004 8:00 am	
-DOCUMENT # V68676				Secretary of State		
1. Entity Name				44 i	•	
FARFA, INC.			100000	01-29-2004 900 <b>9</b> 1	081 037 ***163.75	
0.4	(D	M-92 A H				
•	e of Business	Mailing Address				
Principal Place of Business  4890-ALTONRO MIAMI FL 33140  Principal Place of Business  ACCO ALTONRO MIAMI FL 33140						
* BEAL	<u> </u>	I BERCH			n útris Grænn útilet krints litten ætill i i i i i i i i i i i i i i i i i i	
2 Principal C	lloop of Dunis one	3. Mailing Address				
2. Principal Place of Business  8 50 LAKEVIEW DRIVE 8 50 LAKEV			VIEW DRIVE		. <u>                                    </u>	
Suite, Apt. #, etc. Suite, Apt. #, etc.					CR2E034 (11/03)	
					1 1	
Oity & Stat	BEACH FL.	City & State  1 Mi Ami BE	ACH. FL.	4. FEI Number 65-0373389	Applied For Not Applicable	
Zip	Country	<del>                                     </del>	Country	5. Certificate of Status Desired	\$8.75 Additional	
33140	DADE		DADE		Fee Required	
<u>-</u>	6. Name and Address of Current		Name	7. Name and Address of New F	legistered Agent	
VOUTSINAS, SPIROS						
Street Address (P				s (P.O. Box Number is Not Acceptable	3)	
MIA	MI BEACH FL 33140				· · · ·	
			<b>7</b> 20		Zip Code	
			City		FL	
	named entity submits this statement to tions of registered agent.	the purpose of changing its re-	gistered office or regist	tered agent, or both, in the State of Flo	orida. I am familiar with, and accept	
inc obligat	To agonic	11 11	$\supset$			
SIGNATURE	Signature, typed or printed name of registered agont	and title if applicable. (NOTE: R	egistered Agent signature requi	red when reinstating)	DATE	
The state of the s			-9	,		
The state of the s	ILE NOW!!! FEE IS \$150.00 ir May 1, 2004 Fee will be \$550.00			9. Election Campaign Fit		
	k Payable to Florida Department of	State		Trust Fund Contribution	on. LL Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		Change Addition	
NAME	VOUTSINAS, SPIROS	D DAKEVIEW DR.	NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP			
TITLE	331-16	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	Į.	<u></u>	NAME		_ ,	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	and the state of t	Delete	TITLE NAME"		☐ Change ☐ Addition	
NAME STREET ADDRESS	i i		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
		□ Polets	TITLE		☐ Change ☐ Addition	
NAME		☐ Delete	NAME	••	E. Change E. Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		4- 1 1 31-14	CITY-ST-ZIP	1 1		
TITLE		: Delete	TITLE	.77	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	<b>b</b>		
STREET ADDRESS CITY-ST-ZIP		: E . 9	CITY-ST-ZIP			
	1		<u>8</u>			
12. I herebu	certify that the information supplied with	this filian does not qualify for the	he exemption stated in	Section 119.07(3)(i). Florida Statutes.	I further certify that the information	
indicator	certify that the information supplied with d on this report or supplemental report is orporation or the receiver or truetee emo t, or on an attachment with an address,	e true and accurate and that my	eignatura chall have th	Section 119.07(3)(i), Florida Statutes. ne same legal effect as if made under 607, Florida Statutes; and that my nan	oath: that I am an officer of director	

FILED

JANUARY 26 - 04 - (305) 861 - 8092