


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000056275

1. Entity Name
OFRA BUILDERS INC.



Principal Place of Business Mailing Address

**5020 SW 87TH CT.
 MIAMI, FL 33165** **5020 SW 87TH CT.
 MIAMI, FL 33165**



04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1112195 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSADO, FRANK
 5020 SW 87TH CT.
 MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE

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 re-registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

000000549184
 05/10/06-80127-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSADO, FRANK
STREET ADDRESS	5020 SW 87 CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	V
NAME	ROSADO, FRANK
STREET ADDRESS	5020 SW 87 CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	S
NAME	ROSADO, FRANK
STREET ADDRESS	5020 SW 87 CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	T
NAME	ROSADO, FRANK
STREET ADDRESS	5020 SW 87 CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 637, 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 _____ Daytime Phone # _____