


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M43814
 1. Entity Name
E & F CONTRACTORS, INC.



Principal Place of Business: **12201 SW 129TH COURT MIAMI, FL 33186**
 Mailing Address: **12201 SW 129TH COURT MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CR2E034 (11/05)
 4. FEI Number: **59-2751030** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
EFRAIN, FONSECA
15265 S.W. 156TH TERR
MIAMI, FL 33187

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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 _____ DATE _____
Sign in cursive, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS FONSECA, EFRAIN 15265 SW 156TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STO FONSECA, BERNICE 15265 SW 156TH TERR MIAMI, FL
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 04/11/06-80073-023 158.75

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 another like empowered.

SIGNATURE: *Efrain Fonseca* *Bernice Fonseca* **03-22-06** **305 255 16 74**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #