

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90334 022 \*\*\*150.00

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DOCUMENT # P02000087832			
1. Entity Name EZ4U SERVICES, CORP		Principal Place of Business 3900 NW 79TH AVE. SUITE 585 MIAMI, FL 33166 US	
Mailing Address 3900 NW 79TH AVE. MIAMI, FL 33166 US		2. Principal Place of Business 4640 NW 93 Doral Ct.	
3. Mailing Address 4640 NW 93 Doral Ct.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33178		Country US	
4. FEI Number 56-2787372		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRES, DANIEL A 4640 NW 93 DORAL CT MIAMI, FL 33178		7. Name and Address of New Registered Agent Name: Ana M. Pilar Tobon Street Address (P.O. Box Number is Not Acceptable): 4640 NW 93 Doral Ct. City: Miami FL Zip: 33178	
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: Ana M. Pilar Tobon Vice President		DATE: 4/14/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: FERRES, DANIEL A SR STREET ADDRESS: 4690 NW 93 DORAL CT CITY-ST-ZIP: MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: NEW ERA MARKETING CORP. STREET ADDRESS: 4640 NW 93 Doral Ct. CITY-ST-ZIP: Doral, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: TOBON, ANA M STREET ADDRESS: 4640 NW 93 DORAL CT CITY-ST-ZIP: MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE: D NAME: Andres Giraldo STREET ADDRESS: 4640 NW 93 Doral Ct. CITY-ST-ZIP: Doral, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: Ana M. Pilar Tobon		DATE: 4/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 3054062013	