

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087832

Entity Name: EZ4U SERVICES, CORP

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

4640 NW 93 DORAL CT
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

4640 NW 93 DORAL CT
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 56-2787372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PILAR TOBON, ANA M
4640 NW 93 DORAL CT
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: TOBON, ANA M
Address: 4640 NW 93 DORAL CT
City-St-Zip: MIAMI, FL 33178

Title: P () Delete
Name: GIRALDO, ANDRES
Address: 4640 NW 93 DORAL CT
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOBON, ANA M
Address: 4640 NW 93 DORAL CT
City-St-Zip: MIAMI, FL

Title: VP (X) Change () Addition
Name: GIRALDO, ANDRES
Address: 4640 NW 93 DORAL CT
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA MARIA TOBON

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date