

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087832

Entity Name: EZ4U SERVICES, CORP

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

420 LINCOLN ROAD  
SUITE 380  
MIAMI BEACH, FL 33139 US

## New Principal Place of Business:

## Current Mailing Address:

420 LINCOLN ROAD  
SUITE 380  
MIAMI BEACH, FL 33139 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:

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

Title: D ( ) Delete  
Name: EDMUNDO, GUGLIOTTA  
Address: 2100 PONCE DE LEON BLVD. SUITE 1175  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: EUROMODE USA  
Address: 2100 PONCE DE LEON BLVD. SUITE 1175  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: THE REAL MARKETING GROUP  
Address: 420 LINCOLN ROAD SUITE 380  
City-St-Zip: MIAMI, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: EDMUNDO, GUGLIOTTA  
Address: 2100 PONCE DE LEON BLVD. SUITE 1175  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EDMUNDO GUGLIOTTA

DIR

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date