

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90021 010 \*\*\*158.75

**DOCUMENT# P03000002714**



1. Entity Name

EFFINGTON LIMITED, INC.

Principal Place of Business

VIP SAL#03653, PO BOX 025364  
 MIAMI FL 33102-5364

Mailing Address

VIP SAL#03653, PO BOX 025364  
 MIAMI FL 33102-5364

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0195758

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARERSTEIN, RICHARD ESQ  
 913 NORMANDY DRIVE  
 MIAMI BEACH FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	VILLACORTA, JOSE A	
STREET ADDRESS	VIP SAL#03653, PO BOX 025364	
CITY-ST-ZIP	MIAMI FL 33102-5364	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VILLACORTA, MARIA T	
STREET ADDRESS	VIP SAL#03653, PO BOX 025364	
CITY-ST-ZIP	MIAMI FL 33102-5364	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VILLACORTA, CARLOS.H.	
STREET ADDRESS	VIP SAL#03653, PO BOX 025364	
CITY-ST-ZIP	MIAMI FL 33102-5364	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VILLACORTA, GRACIA M	
STREET ADDRESS	VIP SAL#03653, PO BOX 025364	
CITY-ST-ZIP	MIAMI FL 33102-5364	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *José A. Villacorta* **JOSÉ A. VILLACORTA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04  
 Date

(305) 864-9546  
 Daytime Phone #