

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000081598

FILED
Jan 21, 2009
Secretary of State

Entity Name: EFFEN INC.

Current Principal Place of Business:

1560 LENOX AVE
SUITE 305
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

400 ALTON RD
PH 3A
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1560 LENOX AVE
SUITE 305
MIAMI BEACH, FL 33139 US

New Mailing Address:

400 ALTON RD
TH 3A
MIAMI BEACH, FL 33139 US

FEI Number: 20-8555084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYATT, ADAM
1560 LENOX AVE
SUITE 305
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

HYATT, ADAM
400 ALTON RD
MIAMI BEACH, FL 33139 US

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: ADAM HYATT

01/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: HYATT, ADAM
Address: 1560 LENOX AVE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP (X) Delete
Name: RAMAN, MD
Address: 1 TRINIDAD HOUSE, GILL STREET
City-St-Zip: LONDON, UK E14 8AF UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: HYATT, ADAM
Address: 400 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33139 US

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: ADAM HYATT

MD

01/21/2009

Electronic Signature of Signing Officer or Director

Date