


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90054 046 \*\*\*150.00

DOCUMENT # P27588					
1. Entity Name EFE NEWS SERVICES (U.S.) INC.					
Principal Place of Business 529 14TH ST NW SUITE 1252 WASHINGTON, DC 20045 US			Mailing Address 529 14TH ST NW SUITE 1252 WASHINGTON, DC 20045 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1653883	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (DATE: _____)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRIJELMO, ALEJANDRO		Please list officers in the order on the attached sheet.		
STREET ADDRESS	ESPRONCEDA, 32		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	28003 MADRID, SPAIN,		NAME		
TITLE	EVT	<input type="checkbox"/> Delete	STREET ADDRESS		
NAME	AZPIAZU, MARIA LUISA		CITY-ST-ZIP		
STREET ADDRESS	529 14TH ST NW, SUITE 1252		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	WASHINGTON, DC 20045		NAME		
TITLE	V	<input type="checkbox"/> Delete	STREET ADDRESS		
NAME	SANCHEZ, EMILIO		CITY-ST-ZIP		
STREET ADDRESS	2655 LEJEUNE RD., SUITE 701		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	CORAL GABLES, FL 33134		NAME		
TITLE	V	<input checked="" type="checkbox"/> Delete	STREET ADDRESS		
NAME	MASEGOSA, ALBERTO		CITY-ST-ZIP		
STREET ADDRESS	25 W 43RD ST., SUITE 1512		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	NEW YORK, NY 10036		NAME		
TITLE	V	<input type="checkbox"/> Delete	STREET ADDRESS		
NAME	BENITO, MARCELINO		CITY-ST-ZIP		
STREET ADDRESS	11757 KATY FREEWAY, SUITE 975		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	HOUSTON, TX 77079		NAME		
TITLE	AT	<input type="checkbox"/> Delete	STREET ADDRESS		
NAME	ORELLANA, HERMAN E		CITY-ST-ZIP		
STREET ADDRESS	529 14TH ST NW, SUITE 1252		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	WASHINGTON, DC 20045		NAME		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Herman E. Orellana</i> Herman E. Orellana			8-17-07		(202) 745-7692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40160000



08102007 Chg-P CR2E034 (12/06)

ATTACHMENT 40129555

~~#P27588~~

Title P/D  
Name Alejandro Grijelmo  
Street Address Espronceda, 32  
City-St-Zip 28003 Madrid, Spain

Title M  
Name Dolores Alvarez  
Street Address Espronceda, 32  
City-St-Zip 28003 Madrid, Spain

Title EV/T  
Name Maria Luisa Azpiazu  
Street Address 529 14<sup>th</sup> St NW, Suite 1252  
City-St-Zip Washington, DC 20045

Title V  
Name Emilio Sanchez  
Street Address 5959 Blue Lagoon Drive  
City-St-Zip Miami, FL 33126

Title V  
Name Elena Moreno  
Street Address 25 West 43<sup>rd</sup> St, Suite 1512  
City-St-Zip New York, NY 10036

Title V  
Name Marcelino Benito  
Street Address 11757 Katy Freeway, Suite 975  
City-St-Zip Houston, TX 77079

Title S  
Name Miguel Angel Muñoz  
Street Address Espronceda, 32  
City-St-Zip 28003 Madrid, Spain

Title AT  
Name Herman E. Orellana  
Street Address 529 14<sup>th</sup> St NW, Suite 1252  
City-St-Zip Washington, DC 20045