

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90006 001 ***150.00

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07112008 No Chg-P CR2E034 (11/05)

DOCUMENT # P27588
 1. Entity Name
EFE NEWS SERVICES (U.S.) INC.



Principal Place of Business Mailing Address
 529 14TH ST NW 529 14TH ST NW
 SUITE 1252 SUITE 1252
 WASHINGTON, DC 20045 US WASHINGTON, DC 20045 US

DO NOT WRITE IN THIS SPACE

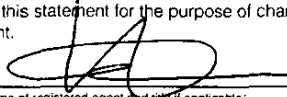
4. FEI Number Applied For
 52-1653883 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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:  DATE: 07/18/2008

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008


9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIJELMO, ALEJANDRO
STREET ADDRESS	ESPRONCEDA, 32
CITY-ST-ZIP	28003 MADRID, SPAIN.
TITLE	M
NAME	ALVAREZ, DOLORES
STREET ADDRESS	ESPRONCEDA,32
CITY-ST-ZIP	MADRID, SPAIN, 28003
TITLE	EVT
NAME	AZPIAZU, MARIA L
STREET ADDRESS	529 14TH ST NW SUITE 1252
CITY-ST-ZIP	WASHINGTON, DC 20045
TITLE	V
NAME	SANCHEZ, EMILIO
STREET ADDRESS	5959 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	V
NAME	MORENO, ELENA
STREET ADDRESS	25 WEST 43RD ST SUITE 1512
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	V
NAME	BENITO, MARCELINO
STREET ADDRESS	11757 KATY FREEWAY, SUITE 975
CITY-ST-ZIP	HOUSTON, TX 77079

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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:  DATE: 07/18/2008 DAYTIME PHONE #: (202) 745-7692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #