


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P96000003059 1. Entity Name EFBER INVESTMENTS, INC. |  |
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| Principal Place of Business 12201 S.W. 129TH COURT MIAMI, FL 33186 | Mailing Address 12201 S.W. 129TH COURT MIAMI, FL 33186 |
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03212006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0712379 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**FONSECA, BERNICE
12201 S.W. 129TH COURT
MIAMI, FL 33186**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY ST ZIP | D FONSECA, BERNICE 12201 S.W. 129TH COURT MIAMI, FL 33186 |
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04/11/06-80050-004 158.75

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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: Bernice Fonseca **Bernice Fonseca** *Vice-President* 3/22/06 3052557863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/TO PHONE #