


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 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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03292007 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: _____ DATE: 05/01/07

Signature, typed or printed name of registered agent is valid if applicable. (NOTE: Registered Agent signature required when rechartering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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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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* *Vice-President* *Bernice Fonseca* DATE: 04-16-07 305 255 78 63

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dist. No. Prefix