

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90197 014 ***150.00

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1. Entity Name
EF&A CAPITAL CORP.



40036010

Principal Place of Business
**32400 TELEGRAPH ROAD
SUITE 202
BINGHAM, MI 48025 US**

Mailing Address
**32400 TELEGRAPH ROAD
SUITE 202
BINGHAM, MI 48025 US**

2. Principal Place of Business - No P.O. Box #
650 North County Road

3. Mailing Address
650 North County Road

City & State
Palm Beach Florida

City & State
Palm Beach Florida

02212008 Chg-P CR2E034 (12/06)

4. FEI Number
94-3160269

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

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

7. Name and Address of New Registered Agent
Name
Harold Blumenstein
Street Address (P.O. Box Number is Not Acceptable)
650 North County Road
City
Palm Beach FL Zip Code
33480

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 **Harold Blumenstein, 2.22.08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Delete
NAME STEENERSON, BYRON	
STREET ADDRESS 4746 11TH AVE. NE STE 102	
CITY-ST-ZIP SEATTLE, WA	
TITLE VTD	<input checked="" type="checkbox"/> Delete
NAME KRASS, KELLEY	
STREET ADDRESS 25650 W ELEVEN MILE RD STE 300	
CITY-ST-ZIP SOUTHFIELD, MI 48034	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLUMENSTEIN, HAROLD	
STREET ADDRESS 650 NORTH COUNTY ROAD	
CITY-ST-ZIP PALM BEACH, FL 33480	
TITLE VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROGERS, S. DENNIS	
STREET ADDRESS 6100 HOLLOWS LANE	
CITY-ST-ZIP DELRAY BEACH, FL 33484	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Harold Blumenstein, 2.22.08, 248.646.9600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #