

ANNUAL REPORT

DOCUMENT # F01000003560

1. Entity Name
EFL HOLDINGS INC.

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90374 050 ***150.00

Principal Place of Business
121 CRANDON BOULEVARD, UNIT 158
KEY BISCAYNE, FL 33149Mailing Address
C/O ERNESTO GONZALEZ, CPA
2655 LE JEUNE RD PH2B
CORAL GABLES, FL 33134

40085975



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
71-0933349 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERNESTO GONZALEZ, CPA, PA
2655 LEJUENE ROAD, SUITE PH2B
CORAL GABLES, FL 33134**DO NOT WRITE
IN THIS SPACE**

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 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

TITLE D
NAME RIVAS, EDWIN A
STREET ADDRESS 121 CRANDON BOULEVARD, UNIT 158
CITY-ST-ZIP KEY BISCAYNE, FL 33149TITLE D
NAME DE RIVAS, JULIA MARIA D
STREET ADDRESS 121 CRANDON BOULEVARD, UNIT 158
CITY-ST-ZIP KEY BISCAYNE, FL 33149TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/08

Date

305-444-7899

Daytime Phone #