


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90133 030 ***150.00

DOCUMENT # P0000095622			
1. Entity Name E.I.F.S. DE ORLANDO, INC.			
Principal Place of Business 6307 SW 2ND STREET MARGATE FL 33068		Mailing Address 6307 SW 2ND STREET MARGATE FL 33068	
2. Principal Place of Business 758 NE 2nd PL CAPE CORAL FL 33909		3. Mailing Address 458 NE 2nd PL CAPE CORAL FL 33909	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL		City & State CAPE CORAL FL 33909	
Zip 33909	Country Lee	Zip 33909	Country Lee
6. Name and Address of Current Registered Agent BARCELONA, OSCAR ORLANDO 6307 SW 2ND STREET MARGATE FL 33068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Oscar Orlando Barcelona</i> Signature typed or printed name of registered agent and title if applicable.		OFFICER/OWNER DATE 2/20/06	
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARCELONA, OSCAR ORLANDO 6307 SW 2ND STREET MARGATE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/05)

4. FEI Number 43-9479833 Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Oscar Orlando Barcelona* DATE: 2/20/06 DAYTIME PHONE #: 239-458-6710