


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90026 036 \*\*\*150.00

DOCUMENT # P00000095622

1. Entity Name  
 E.I.F.S. DE ORLANDO, INC.



Principal Place of Business  
 458 NE 2ND PL  
 CAPE CORAL FL 33909

Mailing Address  
 458 NE 2ND PL  
 CAPE CORAL FL 33909

2. Principal Place of Business - No P.O. Box #  
 458 NE 2nd PL

3. Mailing Address  
 458 NE 2nd PL


Suite, Apt. #, etc.

City & State  
 CAPE Coral FL

City & State  
 CAPE Coral FL

Zip  
 33909

Country  
 Lee



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

BARCELONA, OSCAR ORLANDO  
 6307 SW 2ND STREET  
 MARGATE FL 33068

4. FEI Number 43-9479833

Applied For  
 Not Applicable

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

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: *Oscar Orlando Barcelona* OFFICER/owner 2/27/07

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

| TITLE | NAME                     | STREET ADDRESS     | CITY - ST - ZIP  | <input type="checkbox"/> Delete |
|-------|--------------------------|--------------------|------------------|---------------------------------|
| PD    | BARCELONA, OSCAR ORLANDO | 6307 SW 2ND STREET | MARGATE FL 33068 | <input type="checkbox"/>        |
|       |                          |                    |                  | <input type="checkbox"/>        |
|       |                          |                    |                  | <input type="checkbox"/>        |
|       |                          |                    |                  | <input type="checkbox"/>        |
|       |                          |                    |                  | <input type="checkbox"/>        |
|       |                          |                    |                  | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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* 2/27/07 239-458-6710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/27/07 Daytime Phone #: 239-458-6710