## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # P01000041770  1. Entity Name EFENDOS GLOBAL, INC.				04-27-2005	90293 044 ***1	50.00
Principal Place of Business	Mailing Address					
1533 NE 35TH ST. Fort Lauderdale, FL 33334	1533 NE 35TH ST. - SUITE 202A BOX B2					
FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334		33334				
6 Dischall Dischall Dischall						
2. Principal Place of Business 3. Mailing Address 1533 NE 3546		746 St				
Suite, Apt. #, etc.	ite, Apt. #, etc.  Suite, Apt. #, etc.		04192005	Chg-P	CR2E034 (10/0	3)
City & State	Sy & State Lauderd	do 51	4. FEI Number	100		Applied For
Zip Country	Zip	County	22-36662		¢9.7E	Not Applicable
	33334	USA	5. Certificate of		Fee Requ	
6. Name and Address of Current Registered Agent  Name				dress of New F	Registered Agent	
FUEGERT, ROBERT						
1533 NE 35TH ST. FORT LAUDERDALE, FL 33334			Street Address (P.O. Box Number is Not Acceptable)			
TORY BRODERBALE, TE 30004						
		City			FL Zip C	ode
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						th, and accept
the obligations of registered agent.						
SIGNATURE	nt and title if applicable (NOTE:	Registered Agent signature requ	und when coordinal		DATE	
FILE NOW!!! FEE IS \$150.00 / After May 1, 2005 Fee will be \$550	9. Election Campaig	ın Financing	55.00 May Be Added to Fees			
After May 1, 2005 Fee will be \$550  10. OFFICERS AND	9. Election Campaig Trust Fund Contril D DIRECTORS	in Financing \$ bution.	\$5.00 May Be Added to Fees	IANGES TO OFF	FICERS AND DIRECTO	
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### After May 1, 2005 Fee will be \$550  10. OFFICERS AND  TITLE D  NAME FUEGERT, ROBERT  1533 NE 35TH ST.  FORT LAUDERDALE, FL 3333  TITLE D	9. Election Campaig Trust Fund Contril D DIRECTORS	In Financing bution. A  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	\$5.00 May Be Added to Fees	HANGES TO OFF	FICERS AND DIRECTO	e 🔲 Addition
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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 otherslike empowered.

SIGNATURE:

SIGNATURE AND TYPER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-05

954-275-7409 Daytime Phone #