

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112021

FILED
May 29, 2009
Secretary of State

Entity Name: EBRO SERVICES II CORPORATION

Current Principal Place of Business:

8337 WEST FLAGLER STREET
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8337 WEST FLAGLER STREET
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-1155224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS, ANDREW ESQ.
536 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE SOUSA FERNANDEZ, JOSE FRANCISCO
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: DA SILVA NOVAL, ACRISCO
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: DO ROSARIO LOURENCE, MARIO
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: SOUSA FERNANDEZ, CARLOS ALBERTO
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: DE SOUSA FERNANDEZ, MIGUEL ANGEL
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE FRANCISCO DE SOUSA

PD

05/29/2009

Electronic Signature of Signing Officer or Director

_____ Date