

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90241 024 ***150.00

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1. Entity Name
EFEVE CORPORATION



Principal Place of Business
**3997 HALLANDALE BEACH BLVD.
HALLANDALE, FL 33023**

Mailing Address
**3997 HALLANDALE BEACH BLVD.
HALLANDALE, FL 33023**

94075027



2. Principal Place of Business
3997 HALLANDALE BEACH BLVD
Suite, Apt. #, etc.

3. Mailing Address
3997 HALLANDALE BEACH BLVD
Suite, Apt. #, etc.

03122004 Chg-P CR2E034 (10/03)

City & State
HALLANDALE FL
Zip
33023

City & State
HALLANDALE FL
Zip
33023
Country
U.S.A

4. FEI Number
74-3041524
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HART, DAVID J
21 SOUTHEAST 1ST AVE 10TH FLOOR
MIAMI, FL 33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DARDO JULIAN, TORLASCHI**
STREET ADDRESS **3997 HALLANDALE BEACH BLVD.**
CITY-ST-ZIP **HALLANDALE, FL 33023**

TITLE **V** ☐ Delete
NAME **GARELLO, FEDERICO**
STREET ADDRESS **3997 HALLANDALE BEACH BLVD.**
CITY-ST-ZIP **HALLANDALE, FL 33023**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date Daytime Phone #