


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000067354**  
 1. Entity Name  
 EBA REAL ESTATE INVESTMENTS, INC.



Principal Place of Business      Mailing Address  
 1384 VICTORIA ISLE DRIVE      1384 VICTORIA ISLE DRIVE  
 WESTON, FL 33327                  WESTON, FL 33327

**DO NOT WRITE IN THIS SPACE**



03072008      No Chg-P      CR2E034 (11/05)

4. FEI Number 02-0617542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BONADUCE-STAAB, ELIZABETH S  
 4177 STAGHORN LANE  
 WESTON, FL 33331

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000903921 04/30/08-80065-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BONADUCE-STAAB, ELIZABETH S 4177 STAGHORN LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONADUCE, MARIA B 1384 VICTORIA ISLE DRIVE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONADUCE, ANA M 8442 SW 137TH STREET MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **ANA BONADUCE**      4/15/08      (305) 259 3979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #