2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002714

Entity Name: EFFINGTON LIMITED, INC.

VILLACORTA, GRACIA M

MIAMI, FL 331025364

VIP SAL#03653, PO BOX 025364

Name:

Address:

City-St-Zip:

FILED Jan 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: VIP SAL#03653, PO BOX 025364 MIAMI, FL 331025364 **Current Mailing Address: New Mailing Address:** VIP SAL#03653, PO BOX 025364 MIAMI, FL 331025364 FEI Number: 30-0195758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARERSTEIN, RICHARD ESQ 913 NORMANDY DRIVE MIAMI BEACH, FL 33141 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VILLACORTA, JOSE A Name: Name: VIP SAL#03653, PO BOX 025364 Address: Address: City-St-Zip: MIAMI, FL 331025364 City-St-Zip: Title: DV Title: () Delete () Change () Addition VILLACORTA, MARIA T Name: Name: VIP SAL#03653, PO BOX 025364 Address: Address: MIAMI, FL 331025364 City-St-Zip: City-St-Zip: () Delete Title: Title: DS () Change () Addition VILLACORTA, CARLOS H Name: Name: VIP SAL#03653, PO BOX 025364 Address: Address: City-St-Zip: MIAMI, FL 331025364 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE A. VILLACORTA PRES 01/26/2005