## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000060387

Entity Name: E4GS INC

City-St-Zip:

PEMBROKE PINES, FL 33023 US

FILED Feb 10, 2006 Secretary of State

Littly Nan	ie. E400 iiv	,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7220 N.W.	36 STREET				
421 MIAMI, FL	33166 US				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7220 N.W. 36 STREET					
421 MIAMI, FL	33166 US				
FEI Number:	56-2426692	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MEHMOOD, AMY 7190 S.W. 14 STREET PEMBROKE PINES, FL 330232018 US			7190 S.W. 14 STREET	POLLER, TULIO C MR 7190 S.W. 14 STREET PEMBROKE PINES, FL 330232018 US	
The above in the State		submits this statement for the pr	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: TULIO C. POLLER				02/10/2006	
	Electron	ic Signature of Registered Age	nt	Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	POLLER, TULIO 7190 S.W. 14 S		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PEREZ, ALEXA 251 PALM CIRC	Delete NDER L MR CLE WEST # 206 NES, FL 33025 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	VP () DELGADO, MAI 7190 S.W. 14 S		Title: Name: Address:	( ) Change ( ) Addition	

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

City-St-Zip:

SIGNATURE: TULIO POLLER P 02/10/2006