

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90015 017 ***150.00

DOCUMENT # P03000108175

1. Entity Name
EFE 03 CONSULTING INC



Principal Place of Business
800 PARKVIEW DR.
530
HALLANDALE, FL 33009

Mailing Address
800 PARKVIEW DR.
530
HALLANDALE, FL 33009

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-0274591

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LATIN NETWORK CONSULTANTS, INC
1820 N CORPORATE LAKES BLVD
104
WESTON, FL 33326

Name
LATIN NETWORK CONSULTANTS INC
Street Address (P.O. Box Number is Not Acceptable)

2853 EXECUTIVE PARK DR SUITE 201
City WESTON FL Zip Code 33331

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/29/04
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BLAUBACH, ERIK
STREET ADDRESS 800 PARKVIEW DR. # 530
CITY-ST-ZIP HALLANDALE, FL 33009 ☐ Delete

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

TITLE VP
NAME BLAUBACH, MARIA J
STREET ADDRESS 800 PARKVIEW DR. # 530
CITY-ST-ZIP HALLANDALE, FL 33009 ☐ Delete

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

TITLE S
NAME BLAUBACH, ERIK F
STREET ADDRESS 800 PARKVIEW DR. # 530
CITY-ST-ZIP HALLANDALE, FL 33009 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

01/29/04
Date

954-457-8096
Daytime Phone #