

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90116 041 ***150.00

DOCUMENT # P04000058013

1. Entity Name
EFM PROMOTIONAL PRODUCTS INC.



Principal Place of Business
2328 ANCHOR CT.
DANIA BEACH, FL 33312

Mailing Address
2328 ANCHOR CT.
DANIA BEACH, FL 33312

2. Principal Place of Business
3191 CORTE WAY
Suite, Apt. #, etc.
624
City & State
MIAMI, FL
Zip
33145 Country

3. Mailing Address
3191 CORTE WAY
Suite, Apt. #, etc.
624
City & State
MIAMI, FL
Zip
33145 Country

40004000



01182006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1067254 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MORANTES, EFRAIN
2328 ANCHOR CT. 4942 WHITE MANARIVE WAY E.
DANIA BEACH, FL 33312

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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D MORANTES, EFRAIN 2328 ANCHOR CT. 4942 WHITE MANARIVE WAY E. DANIA BEACH, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] 1/18/06 786-290-4671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #