

2007 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90094 005 ***150.00

DOCUMENT # P04000067786

1. Entity Name
EFR CONSULTS, INC.



Principal Place of Business
**115 LYCA LANE
KISSIMMEE FL 34743**

Mailing Address
**115 LYCA LANE
KISSIMMEE FL 34743**



2. Principal Place of Business - No P.O. Box #
115 LYCA LANE
Suite, Apt. #, etc.

3. Mailing Address
115 LYCA LANE
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Kissimmee, FL.
Zip
34743 Country
Osceola

City & State
Kissimmee, FL.
Zip
34743 Country
Osceola

4. FEI Number **55-0875239**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVERA, EFREN F
119 LUCA LANE
KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent

Name **RIVERA, EFREN F**
Street Address (P.O. Box Number is Not Acceptable)
115 LUCA LANE

City **Kissimmee** FL Zip Code **34743**

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]*
Signature, typed or printed name of registered agent and title is applicable.

EFREN F. RIVERA, President

DATE

4/24/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	RIVERA, EFREN F SR.	<input type="checkbox"/> Delete
STREET ADDRESS			119 LUCA LANE	
CITY - ST - ZIP			KISSIMMEE FL 34743	
TITLE	S	NAME	PAGAN, CARMEN E	<input type="checkbox"/> Delete
STREET ADDRESS			119 LUCA LANE	
CITY - ST - ZIP			KISSIMMEE FL 34743	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY - ST - ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	RIVERA, EFREN F SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			115 LUCA LANE	
CITY - ST - ZIP			Kissimmee, FL. 34743	
TITLE	S	NAME	PAGAN, CARMEN E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			115 LUCA LANE	
CITY - ST - ZIP			Kissimmee, FL. 34743	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EFREN F. RIVERA 4/24/07 407-901-4178