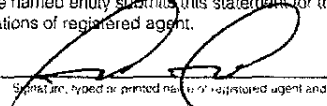
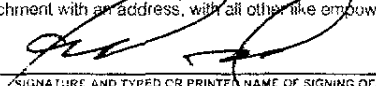


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000090285					
Entity Name EFT SERVICES AND SOLUTIONS, INC.					
Principal Place of Business 4315 NW 7TH STREET #40 MIAMI, FL 33126			Mailing Address 4315 NW 7TH STREET #40 MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address		 03162006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number 04-3028800	
				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	
PANDO, ISRAEL B 4315 NW 7TH STREET #40 MIAMI FL 33126				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:  DATE: 4-28-06					
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 U00000537780 05/09/06-80030-015 150.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DEL CASTILLO, RAUL		NAME		
STREET ADDRESS	4315 NW 7TH STREET #40		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CUCUREIA, ALEJANDRO		NAME		
STREET ADDRESS	ECHRNIQUE 8940-A LA REINS		STREET ADDRESS		
CITY-ST-ZIP	SANTIAGO CHILE,		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	AREIL, JUAN P		NAME		
STREET ADDRESS	ARMADA JARAMILLO 1470 #606 VITACURA		STREET ADDRESS		
CITY-ST-ZIP	SANTIAGO CHILE,		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DUDAN, MARCELO		NAME		
STREET ADDRESS	MARCHANT PEREIRA 1945 #1004		STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCIA CHILE,		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DATE: 4-28-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					