

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000101096

1. Entity Name
EFD EVENTS, INC.



Principal Place of Business
**701 NE 25TH WAY
FORT LAUDERDALE, FL 33304 US**

Mailing Address
**701 NE 25TH WAY
FORT LAUDERDALE, FL 33304 US**



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1326440

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NILES, CHRIS
2400 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U00000933818
05/23/08-80007-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
DALTON, ELLEN
STREET ADDRESS
701 NE 25TH WAY
CITY-ST-ZIP
FORT LAUDERDALE, FL 33304

TITLE
VP
NAME
TILBROOK, CHANTAL
STREET ADDRESS
2448 NE 26TH AVE
CITY-ST-ZIP
FORT LAUDERDALE, FL 33305

TITLE
S
NAME
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08

Date

954-605-3336

Daytime Phone #