## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152748

Entity Name: EFRAIN CEPEDA P.A.

**FILED** Mar 15, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2462 NW 22ND TERR 123 SW 39 PLACE CAPE CORAL, FL 33993

CAPE CORAL, FL 33991

**Current Mailing Address: New Mailing Address:** 

123 SW 39 PLACE 2462 NW 22ND TERR

CAPE CORAL, FL 33991 CAPE CORAL, FL 33993

FEI Number: 42-1684462 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRIAN PRZYSTUP & ASSOCIATES LLC WHAT A REFUND INC 1881 WASHINGTON AVE. 8200 W 33RD AVE

M. BEACH, FL 33140 US HIALEAH GARDENS, FL 33018 US

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.

SIGNATURE: GUILLERMO J CACERES 03/15/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition P/D ( ) Delete Title:

CEPEDA, EFRAIN Name: Name: CEPEDA, EFRAIN 2462 NW 22ND TERR 123 SW 39TH PLACE Address: Address: City-St-Zip: CAPE CORAL, FL 33993 City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EFRAIN CEPEDA PD 03/15/2008