

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90020 042 ***150.00

DOCUMENT # P06000025638 1. Entity Name EFANBE GROUP, INC.					
Principal Place of Business 5561 STEAMBOAT ROAD ST AUGUSTINE, FL 32092			Mailing Address 5561 STEAMBOAT ROAD ST AUGUSTINE, FL 32092		
2. Principal Place of Business - No P.O. Box # 2849 Country Rd 210 W.		3. Mailing Address Suite, Apt. #, etc. Suite 107			
City & State Saint Johns FL		City & State FL		4. FEI Number 20-4371973	
Zip 32259		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD A. CAPLAN, ATTORNEY, P.A. 6260 DUPONT STATION COURT SUITE C JACKSONVILLE, FL 32217			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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DVRASIC, FRANK T 5561 STEAMBOAT ROAD ST AUGUSTINE, FL 32092	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DVRASIC, BONNIE B 5561 STEAMBOAT ROAD ST AUGUSTINE, FL 32092	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DVRASIC, BONNIE B 5561 STEAMBOAT ROAD ST AUGUSTINE, FL 32092	<input type="checkbox"/> Delete			
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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: Bonnie B. Dvoracic Bonnie B. Dvoracic 3/26/08 230-1577					