2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000128896

1. Entity Name
EFICUNAGUA, CORP.

Principal Place of Business	Mailing Address
154 SW 17 AVE SUITE 405 MIAMI, FL 33135	154 SW 17 AVE SUITE 405 MIAMI, FL 33135

2. Principal Place of Business - No P.O. Box
1682 S.W. 9 st
Suite, Apt. #, etc.

3. Mailing Address
1682 S.W 9 st.
Suite, Apt. #, etc.

01152008   Chg-P   CR2E034 (12/06)

City & State *Miami FL*   City & State *Miami FL*

4. FEI Number **20-5698852**   Applied For ☐ / Not Applicable ☐

Zip *33135* Country *USA*   Zip *33135* Country *USA*

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

6. Name and Address of Current Registered Agent

QUINTANA, PATRICIO
154 SW 17 AVE SUITE 405
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name *Patricio Quintana*

Street Address (P.O. Box Number is Not Acceptable)
1682 S.W. 9 st.

City *Miami*   FL   Zip Code *33135*

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 _*P. Quintana*_   Date *1/15/08*

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	*President*	☒ Change ☐ Addition
NAME	QUINTANA, PATRICIO		NAME	*Patricio Quintana*	
STREET ADDRESS	154 SW 17 AVE SUITE 405		STREET ADDRESS	*1682 S.W. 9 st.*	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	*Miami FC 33135*	
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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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 *1/15/08*   Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR