

AMENDED ANNUAL REPORT

DOCUMENT # P06000145079

1. Entity Name
EFFICIENT ENGINEERS INCORPORATED



APPROVED
AND
FILED

07 NOV -2 PM 3:32

Principal Place of Business
3835 MCCOY ROAD
ORLANDO, FL 32812 US

Mailing Address
1441, VICTORIA BOULEVARD
ROCKLEDGE, FL 32955 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 11-6-07



2. Principal Place of Business - No P.O. Box #
3. Mailing Address
3835 McCoy Rd.

10252007 Chg-P CR2E034 (12/08)

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32812

Country
USA

4. FEI Number
20-8114540

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

6. Name and Address of Current Registered Agent

PATEL, AVNISH R MR.
1441, VICTORIA BOULEVARD
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent

Name
Manocher Eslamifar

Street Address (P.O. Box Number is Not Acceptable)

3835 McCoy Rd.

City
Orlando FL Zip Code
32812

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 _____

Amended AR is \$61.25

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	P	☒ Delete	TITLE	P	☒ Change ☐ Add
NAME	PATEL, KETAN S MR.		NAME	Eslamifar, Manocher, Mr	
STREET ADDRESS	5TH FLOOR, NARAYAN CHAMBERS, ASHRAM RD.		STREET ADDRESS	3835 McCoy Rd.	
CITY-ST-ZIP	AHMEDABAD, GU 380009		CITY-ST-ZIP	Orlando, FL 32812	
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Add
NAME	PATEL, AVNISH R MR.		NAME		
STREET ADDRESS	1441, VICTORIA BOULEVARD		STREET ADDRESS	400112140184	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	11/09/07--01004--004 **\$61.25	
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Add
NAME	PATEL, MAYUR S MR.		NAME		
STREET ADDRESS	65, SHERWOOD AVENUE.		STREET ADDRESS		
CITY-ST-ZIP	STREATHAM VALG, LONDON, UK SW 16		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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 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

Date: _____ Daytime Phone: _____
786-486-7332