2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P08000065644

Entity Name: EFS SERVICES INC

Current Principal Place of Business:

3510 BANKS RD
102
MARGATE, FL 33063

New Principal Place of Business:

3956 COCOPLUM CIRCLE
APT A
COCONUT CREEK, FL 33063

Current Mailing Address:

3510 BANKS RD
102
MARGATE, FL 33063

New Mailing Address:

3956 COCOPLUM CIRCLE
APT A
COCONUT CREEK, FL 33063

FEI Number: 26-2960191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA, EZEQUIEL F
3510 BANKS RD
102
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

SILVA, EZEQUIEL F
3956 COCOPLUM CIRCLE
APT A
COCONUT CREEK, FL 33063 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: EZEQUIEL SILVA 04/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete
Name: SILVA, EZEQUIEL F
Address: 3510 BANKS RD #102
City-St-Zip: MARGATE, FL 33063

Title: VPDT ( ) Delete
Name: FARIAS, JOIMAR B
Address: 3510 BANKS RD #102
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: SILVA, EZEQUIEL F
Address: 3956 COCOPLUM CIRCLE APT A
City-St-Zip: MARGATE, FL 33063

Title: VPDT (X) Change ( ) Addition
Name: FARIAS, GLAUBER B
Address: 3956 COCOPLUM CIRCLE APT A
City-St-Zip: COCONUT CREEK, FL 33063

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: EZEQUIEL SILVA P 04/14/2009
Electronic Signature of Signing Officer or Director Date