2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000079335

1. Entity Name

E.F. PRIETO SERVICES, INC.



FILED May 01, 2006, 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1181 N.W. 162 AVENUE

PO BOX 820068

PEMBROKE PINES, FL 33028-1229

PEMBROKE PINES, FL 33028-0068 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number Applied For 65-0533135 Not Applicable

5. Certificate of Status Desired

04242006

\$8.75 Additional Fee Required

437-8289

CR2E034 (11/05)

JOSEPH S LANIA CPA PA 8982 TAFT ST

PEMBROKE PINES, FL 33024

SIGNATURÉ:

DO NOT WRITE IN THIS SPACE

04 24 2006

No Chg-P

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PRIETO, ENRIQUE F PO BOX 820068 HOLLYWOOD, FL 330280068				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000552579 05/15/06-80018-003 150.00
NITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT WRITE THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				114	THO OF AGE
IITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
12. I hereby certify that the information supplied with this filling 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 trostee 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.					

ENRIQUE F. PRIEGO

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR