2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P94000079335

1. Entity Name E.F. PRIETO SERVICES, INC.



Principal Place of Business

1181 N.W. 162 AVENUE PEMBROKE PINES, FL 33028-1229 Mailing Address

PO BOX 820068

PEMBROKE PINES, FL 33028-0068 US

FILED May 02, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0533135 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH S LANIA CPA PAT

DO NOT WRITE

8982 TAFT ST PEMBROKÉ PINES, FL 33024		IN THIS SPACE	
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 alignature required when renatating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		3e - H000007C4031
10. OFFICERS AND DIRECT TITLE DPS NAME PRIETO, ENRIQUE F STREET ADORESS CITY-S1-ZIP HOLLYWOOD, FL 330280068 TITLE NAME STREET ADORESS CITY-S1-ZIP	CTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	•		O NOT WRITE N THIS SPACE
TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME			

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMRIQUE F.