2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000003059

1. Entity Name
EFBER INVESTMENTS, INC.

Principal Place of Business	Mailing Address
12201 S.W. 129TH COURT MIAMI, FL 33186	12201 S.W. 129TH COURT MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

04172008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0712379	Not Applicable

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

6. Name and Address of Current Registered Agent

FONSECA, BERNICE
12201 S.W. 129TH COURT
MIAMI, FL 33186

DO NOT WRITE 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 signature required when reinstating)   DATE

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

U00000907958
05/06/08-80010-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FONSECA, BERNICE
STREET ADDRESS	12201 S.W. 129TH COURT
CITY-ST-ZIP	MIAMI, FL 33186

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STREET ADDRESS	12201 S.W. 129TH COURT
CITY-ST-ZIP	MIAMI, FL 33186

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CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

Vice-president.

SIGNATURE: _Bruce Fonseca_ Bernice Fonseca   04-17-08   305-255 7863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #