2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State
06-02-2004 90004 045 ***150.00

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1. Entity Name
EFI SYSTEMS, INC.

Principal Place of Business	Mailing Address
7543 NW 70 STREET MIAMI, FL 33166	7543 NW 70 STREET MIAMI, FL 33166

44096106

04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10400NW 33ST	10400 NW 33 ST
Suite/Apt. #, etc. 270	Suite/Apt. #, etc. 270
City & State DORAL FL.	City & State DORAL FL.
Zip 33172 Country DADE	Zip 33172 Country DADE

4. FEI Number 65-0684512 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEDRAYES, LUISA 7543 NW 70 STREET MIAMI, FL 33166 Luisa Pedrayes	Name PEDRAYES LUISA Street Address (P.O. Box Number is Not Acceptable) 10400 NW 33 STRET SUITE 270 City DORAL. FL Zip Code 33172

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 Luisa Pedrayes PRESIDENT 04/26/04
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, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PEDRAYES, LUISA 8931 S.W. 4TH TERRACE MIAMI, FL 33124	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE V.P. NAME JAIRO A. PRIETO STREET ADDRESS 2590 SW 192 TERRACE CITY-ST-ZIP MIRAMAR FL. 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Luisa Pedrayes PRESIDENT 04/26/04 (305)884-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #