

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000089738

**FILED**  
**Feb 18, 2008**  
**Secretary of State**

**Entity Name:** EFEX DESIGN & DISPLAY, CORP.

**Current Principal Place of Business:**

9304 NW 102 ST  
MIAMI, FL 33178

**New Principal Place of Business:**

2305 NW 150TH ST  
BAY D  
OPA LOCKA, FL 33054

**Current Mailing Address:**

9304 NW 102 ST  
MIAMI, FL 33178

**New Mailing Address:**

2305 NW 150TH ST  
BAY D  
OPA LOCKA, FL 33054

**FEI Number:** 65-0841136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PENA, ALEJANDRO  
9304 NW 102 ST  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

PENA, ALEJANDRO  
2305 NW 150TH ST  
BAY D  
OPA LOCKA, FL 33054 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: MARIA F. PENA

02/18/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PENA, MARIA F  
Address: 9304 NW 102 STREET  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: PENA, ALEJANDRO  
Address: 9304 NW 102 ST  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PENA, MARIA F  
Address: 2305 NW 150TH ST BAY D  
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Change ( ) Addition  
Name: PENA, ALEJANDRO  
Address: 2305 NW 150TH ST BAY D  
City-St-Zip: OPA LOCKA, FL 33054

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: MARIA F. PENA

D

02/18/2008

Electronic Signature of Signing Officer or Director

Date