

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90151 040 ***158.75

DOCUMENT # P98000038910

1. Entity Name
EFFRX, INC.



Principal Place of Business
11505 FAIRCHILD GARDEN AVE
STE 204
PALM BEACH GARDENS, FL 33410 US

Mailing Address
3801 PGA BLVD
STE 508
PALM BEACH GARDENS, FL 33410

20043011

2. Principal Place of Business
19686 US Highway One

3. Mailing Address
C/O Harris Cramer LLP
1555 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.
Suite 310

City & State
Tequesta, FL

City & State
West Palm Beach, FL

Zip
33469

Country
USA

Zip
33401

Country
USA

03142005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0830688

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DARYL CRAMER & ASSOCIATES, P.A.
3801 PGA BLVD
STE 508
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
Harris Cramer LLP

Street Address (P.O. Box Number is Not Acceptable)
1555 Palm Beach Lakes Blvd.

Suite 310

City
West Palm Beach

FL

Zip Code
33401

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.

Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner
by Daryl B. Cramer, President

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DCEO ROSEN, CHRISTER 19686 US HWY ONE, SUITE 2 JUPITER, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO Jacob Vithenbogaard 19686 US Hwy one, Suite 2 Jupiter, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEINIO, JAN 19686 US HWY ONE, SUITE 2 JUPITER, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARNEVIK, JESPER 19686 US HWY ONE, SUITE 2 JUPITER, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPALDING, LAURA 19686 US HWY ONE, SUITE 2 JUPITER, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHANSON, CARL-GUSTAF 19686 US HWY ONE, SUITE 2 JUPITER, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIKLUND, ANDERS 19686 US HWY ONE, SUITE 2 JUPITER, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Laura Spalding Laura Spalding 4/14/05 5617462125

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