## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (ART

## Mar 05, 2007 08:00 AM DOCUMENT # \$94326 **Secretary of State** 1. Entity Namo E.F.G. CONTRACTING, INC. Principal Place of Business Mailing Address 3640 NW 118 AVE 3640 N.W. 118TH AVENUE **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suito, Apt. #, otc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0297846 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHARF, ROBERT D 1999 UNIVERSITY DR Street Address (P.O. Box Number is Not Acceptable) **SUITE 402** CORAL SPRINGS FL 33071 City Zip Code 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, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE: FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete THEF Change Addition ROSENBERG, JAMIE D NAMI 9777 N SPRINGS WAY STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY - S1-ZIP CITY-ST-ZIP ☐ Defele DILE Change Addition U00000656917 03/14/07-80044-011 158.75 FITZGERALD, EDWARD D NAME NAM 5906 N.W. 66 AVENUE STREET ADDRESS STREET ADORESS PARKLAND FL 33067 CITY-ST-ZIP CiTY-SI-ZIP HILF ☐ Delete Ditt ☐ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-SI-ZIP TITLE Delete HTLE Change Addition NAME NAMI STREET ADDRESS STREET ADDITESS CITY-ST-ZIP CITY+SI-7IP THUE ☐ Delete TITLE Change Addition NAME STRIEF ADDRESS STHEET ADDRESS CHY-ST-ZIP CITY-ST-7tP TIFLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET LADDRESS CHY-ST-ZIP CHY-St-ZIP

**FILED** 

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 each; that I am an officer or director of the exportation or the receiver or trustee dispowered 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: WWW. ADDALONE JAMIE ROSENDERG 3/2/D7 954-752-9966