

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000138706

1. Entity Name
E.F.S. PARTNERS, INC.



FILED

08 JAN 17 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082008 Chg-P CR2E034 (12/06)

4. FEI Number
43-2062291 Applied For
Not Applicable

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

Principal Place of Business
1745 W 23RD STREET
MIAMI BEACH, FL 33140

Mailing Address
1745 W 23RD STREET
MIAMI BEACH, FL 33140

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROSENBAUM, MICHAEL J
201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Rosenbaum International Law Firm, PA
Street Address (P.O. Box Number is Not Acceptable)
c/o Michael Rosenbaum, SR, PA
755 41 street
City
Miami Beach FL Zip Code
33140

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, the registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/7/08

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTONOCITO, FILIPPO
1745 W 23RD STREET
MIAMI BEACH, FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900115338679
01/17/08--01001--013 ***3663.75 ☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08

305-391-0321