


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-29-2004 90050 036 ***150.00

DOCUMENT # 280307
 1. Entity Name
ELSIE UNDERGARMENT CORP.



Principal Place of Business Mailing Address
8295 W 20 AVE **8295 W 20 AVE**
HIALEAH FL 33014 **HIALEAH FL 33014**


2. Principal Place of Business 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
SILBERBERG, ELSA
8295 W 20 AVE
HIALEAH FL 33014

4. FEI Number **59-1053343** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number, is Not Acceptable)
 City **FL** 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  DATE **3/26/04**
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
Make Check Payable to Florida Department of State

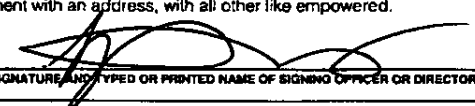
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	SHULAMIT, DANIS	
STREET ADDRESS	8295 WEST 20TH AVE	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	P	<input type="checkbox"/> Delete
NAME	SILBERBERG, MASHA	
STREET ADDRESS	8295 WEST 20TH AVE	
CITY-ST-ZIP	HIALEAH, FL 00000 33014	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAM BENSON	
STREET ADDRESS	8295 W 20TH AVE	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEPHEN DANIS	
STREET ADDRESS	8295 W 20TH AVE	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  Date **4/5/04** Daytime Phone # **305-822-6981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66410634



MOORE CR2E034 (11/03)