


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul-05, 2005 08:00 AM
Secretary of State

DOCUMENT # 280307
 1. Entity Name
ELSIE UNDERGARMENT CORP.



Principal Place of Business 8295 W 20 AVE HIALEAH, FL 33014	Mailing Address 8295 W 20 AVE HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

SILBERBERG, ELSA
 8295 W 20 AVE
 HIALEAH, FL 33014

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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 _____
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHULAMIT, DANIS 8295 WEST 20TH AVE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILBERBERG, MASHA 8295 WEST 20TH AVE HIALEAH, FL 00000, 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAM BENSON 8295 W 20TH AVE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHEN DANIS 8295 W 20TH AVE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000370720
 07/05/05-80027-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), 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: Sam Benson **SAM BENSON** 6/29/05 305-822-6981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #