


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2007 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1053343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILBERBERG, ELSA
 8295 W 20 AVE
 HIALEAH, FL 33014

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

UD00000717797
 04/30/07-80062-015 150.00

DO NOT WRITE IN THIS SPACE

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:  4/2/07 305-922-6981

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