2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 APR -5 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082499

1. Entity Name
ELABJA CORP.

Principal Place of Business	Mailing Address
201 SOUTH BISCAYNE BLVD STE 2500 MIAMI, FL 33131	201 SOUTH BISCAYNE BLVD STE 2500 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
19950 W. Country Club Dr.	19950 W. Country Club Dr.
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 / Country:	Zip: 33180 / Country:

02062006 Chg-P CR2E034 (11/05) 06

4. FEI Number: 20-1986576 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZAMORA, ANTONIO R 201 SOUTH BISCAYNE BLVD STE 2500 MIAMI, FL 33131	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): ~~1200 S. Pine Island Road~~ City: Plantation FL Zip Code: 33324

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.

PETER F. SOUZA
ASSISTANT SECRETARY

SIGNATURE _____ 4/4/06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CABABIE L, ELIAS	NAME	
STREET ADDRESS	19950 W COUNTRY CLUB DR, STE 900	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CABABIE, ABRAHAM	NAME	
STREET ADDRESS	19950 W COUNTRY CLUB DR, STE 900	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	DS ☒ Change ☐ Addition
NAME	CABABIE, JACOBO	NAME	
STREET ADDRESS	19950 W COUNTRY CLUB DR STE 900	STREET ADDRESS	400072296654
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	04/27/06--01019--024 **150.00
TITLE	S ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ZAMORA, ANTONIO	NAME	
STREET ADDRESS	201 S BISCAYNE BLVD, STE 2500	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jacobo Cababie, Director

B. Mitchell APR 5 2006