2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90005 001 ***150.00

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DOCUMENT # P05000095512

1. Entity Name
ELJO INVESTMENTS, CORP.

Principal Place of Business
1255 NW 134TH ST
N MIAMI, FL 33167

Mailing Address
1255 NW 134TH ST
N MIAMI, FL 33167

08212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 21415 NW 13TH CT #208
Suite, Apt. #, etc.
City & State: M-GARDENS, FL
Zip: 33169 Country: USA

3. Mailing Address: 21415 NW 13TH CT
Suite, Apt. #, etc.: 8
City & State: M. GARDENS, FL
Zip: 33169 Country: USA

4. FEI Number: 20-3117403 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, DORIS
1255 NW 134TH ST
N MIAMI, FL 33167

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 21415 NW 13TH CT #208
City: M. GARDENS FL Zip Code: 33169

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: X [signature] 8-21-06
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
Due by September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, DORIS 1255 NW 134TH ST N MIAMI, FL 33167	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 21415 NW 13TH CT #208 M-GARDENS, FL 33169	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME 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: X [signature] X 8-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DORIS SANCHEZ