


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000075024
1. Entity Name
ELITE INVITATIONS & ACCESSORIES, INC.



Principal Place of Business
**3164 SW 25 STREET
MIAMI, FL 33133**

Mailing Address
**3164 SW 25 STREET
MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE



06152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0861632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
**AGRAMONTE, CONCEPCION G
3164 SW 25 STREET
MIAMI, FL 33133**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000567401
06/19/06 08:00 AM DATE 022 150.00

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGRAMONTE, CONCEPCION G 3164 SW 25 STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLER, MARIA C 3150 SW 25 STREET MIAMI, FL 33133
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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: *Maria C. Soler* **Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 6/14/06 Daytime Phone # 305 447 0972