

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90157 033 ***150.00

DOCUMENT # S14017

1. Entity Name
ELY & ALEX, CORP.



Principal Place of Business
**9636 SW 24TH ST.
MIAMI FL 33165-8015**

Mailing Address
**9636 SW 24TH ST.
MIAMI FL 33165-8015**



2. Principal Place of Business
Suite, Apt. #, etc.
MIAMI

3. Mailing Address
4818 SW 148 P1
Suite, Apt. #, etc.
MIAMI

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33185

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0292621

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ORELLANA, ELISEO
9836 SW 24TH ST.
MIAMI FL 33165**

7. Name and Address of New Registered Agent
Name
ORELLANA, ELISEO
Street Address (P.O. Box Number is Not Acceptable)
4818 SW 148 P1
City
MIAMI FL Zip Code
33185

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PSTD	<input type="checkbox"/>
NAME	ORELLANA, ELISEO	
STREET ADDRESS	9636 SW 24 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/>
NAME	ORELLANA, ALEJANDRO	
STREET ADDRESS	9636 SW 24 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDD	<input type="checkbox"/>
NAME	ORELLANA, DANIELA A	
STREET ADDRESS	9636 SW 24ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Eliseo Orellana* **2-12-2003 - 305 220 5690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)