

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S33448

Entity Name: ELLTE, INC.

FILED  
Mar 29, 2011  
Secretary of State

## Current Principal Place of Business:

1919 NE 45TH ST.  
C/O MURRAY SILVERMAN, P.A. SUITE 215  
FT. LAUDERDALE, FL 33308

## New Principal Place of Business:

## Current Mailing Address:

1919 NE 45TH ST.  
C/O MURRAY SILVERMAN, P.A. SUITE 215  
FT. LAUDERDALE, FL 33308

## New Mailing Address:

FEI Number: 65-0306544      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVERMAN, MURRAY, CPA  
1919 NE 45 ST  
SUITE 215  
FORT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: HOLMQVIST, LARS  
Address: 741 BAYSHORE DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: TD  
Name: HOLMQVIST, THURE  
Address: 741 BASHORE DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: S  
Name: SMYTH, DON  
Address: 741 BAYSHORE DRIVE, #25  
City-St-Zip: FT. LAUDERDALE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THURE HOLMQVIST

DT

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date