~2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 08:00 AM DOCUMENT # P99000030139 **Secretary of State** 1. Entity Name ELI INVESTMENTS, INC. Principal Place of Business Mailing Address 8652 S.W. 42ND PLACE 8652 S.W. 42ND PLACE GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 No Chg-P CR2E034 (10/03) 01072004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3570875 Not Applicable \$8.75 Additional 5. Certificate of Status Desired على تطليف للوائل السلمة أبيا المنطيقية المهارية الاربية بينوات والمستورين Fee Required 6. Name and Address of Current Registered Agent The second secon CAHAN, RICHARD J ESQ. DO NOT WRITE C/O BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE #100 IN THIS SPACE MIAMI, FL 33126 5、1000年的1000公司,但是在1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的1000年的10 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 Signature, typed or printed name of registered agent and title if applicable. [NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GOLD, JANICE 000000028326 NAME STREET ADDRESS 8652 S.W. 42ND PLACE 02/04/04-80022-016 150.00 CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE NAME The second secon STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. It 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytima Phone #