


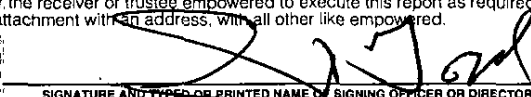
# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 MAY 27 PM 2: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000030139																													
1. Entity Name ELI INVESTMENTS, INC.																													
Principal Place of Business 8652 S.W. 42ND PLACE GAINESVILLE, FL 32608			Mailing Address 8652 S.W. 42ND PLACE GAINESVILLE, FL 32608																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country	Zip		Country																								
4. FEI Number 59-3570875				Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
CAHAN, RICHARD J ESQ. C/O BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE #100 MIAMI, FL 33126			Name Street Address (P.O. Box Number is Not Acceptable) 121 Alhambra Plaza, Suite 1000 City Coral Gables FL Zip Code 33134																										
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 RICHARD J. ALAN CAHAN 4/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)</small> DATE																													
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
<table border="1"> <tr> <td>TITLE</td> <td>Director/Chairman of the Board</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOLD, JANICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8652 S.W. 42ND PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32608</td> <td></td> </tr> </table>			TITLE	Director/Chairman of the Board	<input type="checkbox"/> Delete	NAME	GOLD, JANICE		STREET ADDRESS	8652 S.W. 42ND PLACE		CITY-ST-ZIP	GAINESVILLE, FL 32608		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>000037731320</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>06/08/04--01005--004</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>**61.25</td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	000037731320		STREET ADDRESS	06/08/04--01005--004		CITY-ST-ZIP	**61.25	
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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: 				Date 5/6/04 Daytime Phone # 850 927 1100																									