2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State
04-11-2005 90186 014 ***150.00

DOCUMENT # P04000126505

1. Entity Name
0180010/ELKS, INC.

66017222

Principal Place of Business	Mailing Address
~~301 CLAMATIS STREET SUITE 3000~~ WEST PALM BEACH, FL 33401	~~301 CLAMATIS STREET SUITE 3000~~ WEST PALM BEACH, FL 33401

03272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
301 Clematis St	301 Clematis St.
Suite, Apt. #, etc. Suite 3000	Suite, Apt. #, etc. Suite 3000
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2149744 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THEODORORESCU, DUMITRU D ~~301 CLAMATIS STREET SUITE 3000~~ WEST PALM BEACH, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) 301 Clematis St, #3000 City **FL** Zip Code

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 _____ DATE
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIKULA, DANIEL S 4155 N HAVERHILL #1409 WEST PALM BEACH, FL 33417	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEODORESCU, DUMITRU D 2019 BROWARD AVE WEST PALM BEACH, FL 33407	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 5/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #