

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043600

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: ELAN BUSINESS SERVICES, CORP.

## Current Principal Place of Business:

1116 CEDAR FALLS DR.  
WESTON, FL 33327 US

## New Principal Place of Business:

## Current Mailing Address:

1116 CEDAR FALLS DR.  
WESTON, FL 33327 US

## New Mailing Address:

FEI Number: 20-8837135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ, ELISABET MRS.  
1116 CEDAR FALLS DR.  
WESTON, FL 33327 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FERNANDEZ, ELISABET  
Address: 1116 CEDAR FALLS DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: VP ( ) Delete  
Name: FERNANDEZ, ANTONIO F  
Address: 1116 CEDAR FALLS DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VILA, SILVIA  
Address: 1116 CEDAR FALLS DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: VP (X) Change ( ) Addition  
Name: FERNANDEZ, ELISABET  
Address: 1116 CEDAR FALLS DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: T ( ) Change (X) Addition  
Name: FERNANDEZ, ANTONIO F  
Address: 1116 CEDAR FALLS DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: S ( ) Change (X) Addition  
Name: FERNANDEZ, ISMAEL  
Address: 1116 CEDAR FALLS DRIVE  
City-St-Zip: WESTON, FL 33327 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SILVIA VILA

P

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date