

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000074534

**Entity Name:** EL-AD CORP.**Current Principal Place of Business:**1000 S. PINE ISLAND ROAD SUITE # 450  
PLANTATION, FL 33324**Current Mailing Address:**1000 S. PINE ISLAND ROAD SUITE # 450  
PLANTATION, FL 33324**FEI Number:** 20-1104312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	V
Name	DANIELL, ORLY
Address	575 MADISON AVE; 22ND FL
City-State-Zip:	NEW YORK NY 10022

Title	ID
Name	BARBER, JOHN P
Address	1209 ORANGE STREET
City-State-Zip:	WILMINGTON DE 19801

Title	MEMBER
Name	EL-AD NATIONAL PROPERTIES LLC
Address	1000 S. PINE ISLAND ROAD SUITE # 450
City-State-Zip:	PLANTATION FL 33324

Title	CFO
Name	BRONFMAN, ARIK
Address	1000 S. PINE ISLAND ROAD SUITE # 450
City-State-Zip:	PLANTATION FL 33324

Title	SECRETARY
Name	MOHAR, ARAVA
Address	1000 S. PINE ISLAND ROAD SUITE # 450
City-State-Zip:	PLANTATION FL 33324

Title	DIRECTOR
Name	ZIMMER, STEVEN
Address	1000 S. PINE ISLAND ROAD SUITE # 450
City-State-Zip:	PLANTATION FL 33324

*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:** ARAVA MOHAR**SEC****03/06/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date