



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 339738</b> 1. Entity Name <b>ELITE BROKERAGE, INC.</b>	
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Principal Place of Business <b>1500 HARBOR DR SARASOTA, FL 34239-2016</b>	Mailing Address <b>1500 HARBOR DR SARASOTA, FL 34239-2016</b>
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**DO NOT WRITE IN THIS SPACE**



07102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1261263</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ESFORMES, NATHAN  
1500 HARBOR DR  
SARASOTA, FL 34239-2016**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P-T ESFORMES, NATHAN 1500 HARBOR DR SARASOTA, FL 342392016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S-V ESFORMES, BARBARA 1500 HARBOR DR SARASOTA, FL 342392016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/17/07-80001-002 558.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Nathan Esformes* **NATHAN ESFORMES** 7-11-07 944957-1881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #