

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 714697**

1. Entity Name  
**ELEGANT EIGHT, INC.**



Principal Place of Business  
**9801 E BAY HARBOR DR  
BAY HARBOR ISLANDS, FL 33154**

Mailing Address  
**9801 E BAY HARBOR DR  
#4W  
BAY HARBOR ISLAND, FL 33154 US**



04152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1218219**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARTLETT, WILLIAM  
9801 E BAY HARBOR DR, #4W  
MIAMI, FL 33154**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTLETT, WILLIAM 9801 E. BAY HARBOR DRIVE BAY HARBOR ISLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARGEUER, BARBARA 9801 E BAY HARBOR DR BAY HARBOR ISLANDS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANSEN, ERIC 9801 EAST BAYHARBOR DRIVE MIAMI, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000715308  
04/27/07-80060-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:** *William Bartlett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Bartlett* 4/15/07 305.243.7248

Date

Daytime Phone #