


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000003948 1. Entity Name ELIBS.COM, INC.		
Principal Place of Business 201 SOUTH BISCAYNE BLVD., SUITE 1500-GLT MIAMI, FL 33131	Mailing Address 201 SOUTH BISCAYNE BLVD., SUITE 1500-GLT MIAMI, FL 33131	



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1017974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD 1500 MIAMI CNTR
SUITE 1500-GLT
MIAMI, FL 33131

**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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HOFFMAN, MATTHEW 6223-2 BAY CLUB DRIVE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDSTEIN, ERIC 21 BRIDGE LANE, TEMPLE FORTUNE LONDON, ENGLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, EAN 5908 BAIRD DRIVE RALEIGH, NC 27606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRAVIS, GEOFFREY L 808 BRICKELL KEY DR #3305 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/08/05-80002-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05

954-336-1153

Date

Daytime Phone #