

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 22, 2005 08:00 AM
Secretary of State**DOCUMENT # F03000004031**1. Entity Name
ELS MANAGEMENT, INC.Principal Place of Business
**3885 S. DECATUR BLVD STE. 2010
LAS VEGAS, NV 89103**Mailing Address
**8306 MILLS DRIVE #255
MIAMI, FL 33183**

08132005 No Chg-P CR2E034 (10/03)

4. FEI Number
74-3099380Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MAC WILLIAMS, MIRIAM
8306 MILLS DRIVE #255
MIAMI, FL 33183****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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**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
**CVCD
SMITH, ELLEN C
8306 MILLS DRIVE #255
MIAMI, FL 33183**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVPS
SMITH, ELLEN C
8306 MILLS DRIVE #255
MIAMI, FL 33183**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SMITH, ELLEN C
8306 MILLS DRIVE #255
MIAMI, FL 33183**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**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)(i), 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

Date

Telephone Phone #

**08-17-05 863-
634-3244**