2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 OCT 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/01/08 01034 005 - #350

DOCUMENT # F04000001994

1. Entity Name
ELASTOMER, INC.

Principal Place of Business	Mailing Address
9594 NW 41 STREET 209 MIAMI, FL 33178	9594 NW 41 STREET 209 MIAMI, FL 33178

10102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2037605 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HITE, CATHERINE ESQ. 799 BRICKELL PLAZA 700 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHANDRACHUD, PRABHAKAR M 6102 NORTH 9TH STREET TACOMA, WA 98406	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition President MARIA T. SANTIAGO 9594 NW 41 Street, Suite 209 MIAMI FL 33178
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAKHDAWALA, FARAD P.O. BOX 1961 DUBAI, UAE,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600137184 ☐ Change ☐ Addition 10/22/08--01055--005 **26.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SANTIAGO, MARIA T 9594 NW 41 STREET, SUITE 209 MIAMI, FL 33178	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Maria T Santiago - MARIA T. SANTIAGO 10/17/08 305-436-8915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #