2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04508

FILED Apr 27, 2009 Secretary of State

Entity Nan	ne: ELLIOTT	'S BUSINESS SERVICES, INC			-	
Current Principal Place of Business:				New Principal Place of Business:		
13309 NW MIAMI, FL						
Current Mailing Address:				New Mailing Address:		
13309 NW MIAMI, FL						
FEI Number:	59-2036896	FEI Number Applied For ()	FEI Number Not	Applicable () Ce	ertificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CAMILLA ELLIOTT 7255 NW 19TH CT PEMBROKE PINES, FL 33024 US				TT, CAMILLA IW 19TH CT ROKE PINES, FL 330	024 US	
The above in the State		submits this statement for the p	ourpose of chang	ing its registered office	e or registered agent, or both,	
SIGNATURE: CAMILLA ELLIOTT				04/27/2009		
	Electro	nic Signature of Registered Ag	ent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PT (ELLIOTT, CAM 7255 NW 19TH HOLLYWOOD	l CT	Title: Name: Address City-St-2	:	ange () Addition	
Title: Name: Address: City-St-Zip:	ELLIOT, EDW/ 7255 NW 19Th		Title: Name: Address City-St-2	:	ange ()Addition	
Title: Name: Address: City-St-Zip:	COOLS, KARE 4741 GRAND) Delete N CYPRESS CIR N EEK, FL 33073	Title: Name: Address City-St-2	:	ange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILLA ELLIOTT PT 04/27/2009