

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90097 016 \*\*\*150.00

**DOCUMENT # K33718**

1. Entity Name  
**ELIAS FABRICS, INC.**



Principal Place of Business  
**2000 EAST 4TH AVENUE  
HIALEAH, FL 33010**

Mailing Address  
**2000 EAST 4TH AVENUE  
HIALEAH, FL 33010**

**44033292**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**65-0080609**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ELIAS, JORGE  
2000 EAST 4TH AVENUE  
HIALEAH, FL 33010**

7. Name and Address of New Registered Agent

Name  
**Santiago Elias**

Street Address (P.O. Box Number is Not Acceptable)  
**2020 North Flamingo Road**

City  
**Pembroke Pines**

**FL**

Zip Code  
**33028**

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]*

**Santiago Elias, Registered Agent**

*X*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
**P  
ELIAS, JORGE  
2000 EAST 4TH AVENUE  
HIALEAH, FL 33010** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ELIAS, SANTIAGO  
2000 EAST 4TH AVENUE  
HIALEAH, FL 33010** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
TAMARGO, MARIA  
2000 EAST 4TH AVENUE  
HIALEAH, FL 33010** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SANTANA, MERCEDES  
2000 EAST 4TH AVENUE  
HIALEAH, FL 33010** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Santiago Elias  
2020 North Flamingo Road  
Pembroke Pines, Florida 33028** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SANTIAGO ELIAS, PRESIDENT**

*X 4-10-04*

Date

Daytime Phone #