


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90151 027 \*\*\*150.00

<b>DOCUMENT #</b> K56867	
<b>1. Entity Name</b> EAST ELAN, CORP.	

<b>Principal Place of Business</b> 1314 E CAPE CORAL WAY SUITE # 203 CAPE CORAL FL 33904 US	<b>Mailing Address</b> C/O J.A. SENDRA P O BOX 1335 CAPE CORAL FL 33910
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	c/o L.H. Roth Suite, Apt. #, etc. 8603 So Dixie Hwy, Ste 408

CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b>	<b>City &amp; State</b>
	Miami, FL 33143

<b>4. FEI Number</b> 65-0179966	<b>Applied For</b>
	<input type="checkbox"/> Not Applicable

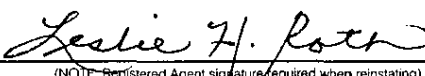
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33143		33143	Miami-Dade

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
SENDRA, JOSE A. 1314 E CAPE CORAL WAY SUITE #203 CAPE CORAL FL 33904

<b>7. Name and Address of New Registered Agent</b>
<b>Name</b> Leslie H. Roth, CPA
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 8603 So Dixie Highway, Suite 408
<b>City</b> Miami <b>FL</b> <b>Zip Code</b> 33143

**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.**

<b>SIGNATURE</b> Leslie H. Roth		<b>DATE</b> April 14, 2003
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
<b>TITLE</b> PD	<b>NAME</b> DENEUMOSTIER, ANGEL	<input type="checkbox"/>
<b>STREET ADDRESS</b> 1314 E CAPR CORAL WAY	<b>CITY-ST-ZIP</b> CAPE CORAL FL 33904	
<b>TITLE</b> TD	<b>NAME</b> DENEUMOSTIER, NORMA P	<input type="checkbox"/>
<b>STREET ADDRESS</b> 1314 E CAPR CORAL WAY	<b>CITY-ST-ZIP</b> CAPE CORAL FL 33904	
<b>TITLE</b> SD	<b>NAME</b> DENEUMORTIER, EDUARDO	<input type="checkbox"/>
<b>STREET ADDRESS</b> 1314 E CAPR CORAL WAY	<b>CITY-ST-ZIP</b> CAPE CORAL FL 33904	
<b>TITLE</b> VSD	<b>NAME</b> SENDRA, JOSE A	<input checked="" type="checkbox"/>
<b>STREET ADDRESS</b> 1314 E CAPR CORAL WAY	<b>CITY-ST-ZIP</b> CAPE CORAL FL 33904	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		

**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.**

<b>SIGNATURE:</b> 	<b>DATE</b> April 14, 2003	<b>DAYTIME PHONE #</b> (305) 667-6474
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>DAYTIME PHONE #</small>

CR2E034 (10/02)