

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90075 012 ****55.00

DOCUMENT # L02000009356

1. Entity Name
ELITE PRODUCTS INTERNATIONAL, LLC



Principal Place of Business
**1500 SAN REMO AVENUE
125
MIAMI, FL 33146**

Mailing Address
**1500 SAN REMO AVENUE
125 3830 WINDMILL LAKE Rd
MIAMI, FL 33146 WESTON FL.
33332**

20024065



03242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0678702

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146**

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DE LA TOUR, EDUARDO
1500 SAN REMO #125
CORAL GABLES, FL 33146
3830 WINDMILL LAKE Rd
WESTON FL 33332**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HARRIS, ELIZABETH
1500 SAN REMO #125
CORAL GABLES, FL 33146
SAME AS ABOVE
MAILING ADDRESS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MAR 24 2006

Date

Daytime Phone #