


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90005 001 ****50.00
 05-06-2004 90005 002 *****5.00

DOCUMENT # L02000017868

1. Entity Name
 ELITE INTERNATIONAL LLC



Principal Place of Business Mailing Address

15295 SW 107 LN 15295 SW 107 LN
 1008 1008
 MIAMI, FL 33196 US MIAMI, FL 33196 US

2. Principal Place of Business 3. Mailing Address


15320 S.W 106 Terrace 15320 S.W 106 Terrace
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1105 1105

City & State City & State

Miami, Florida Miami, Florida

Zip Country Zip Country

33196 USA 33196 USA



04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 46-0491124 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLDAN, MARIA C
 15320 SW 106TH TERR #1105
 MIAMI, FL 33196

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROLDAN, MARIA C 15320 SW 106 TERR #1105 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROLDAN, MARIA C 15320 SW 106 Terrace # 1105 MIAMI, FL 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 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 606, Florida Statutes.

SIGNATURE: _____ DATE: 04/28/04 DAYTIME PHONE: 786-262-6444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #