

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90007 032 \*\*\*150.00

<b>DOCUMENT # L95985</b> 1. Entity Name <b>ELIZABETH PARK, INC.</b>			
Principal Place of Business <b>7103 VIA MARBELLA BOCA RATON, FL 33433</b>		Mailing Address <b>7103 VIA MARBELLA BOCA RATON, FL 33433</b>	
2. Principal Place of Business <b>14804 Enclave Lakes Dr Apt T5 Delray Beach FL 33484 USA</b>		3. Mailing Address <b>14804 Enclave Lakes Dr Apt T5 Delray Beach FL 33484 USA</b>	
4. FEI Number <b>65-0242912</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAPLAN, MURRAY 7103 VIA MARBELLA BOCA RATON, FL 33935</b>		7. Name and Address of New Registered Agent <b>Merle Caplan 14804 Enclave Lakes Dr Apt T-5 Delray Beach FL 33484</b>	
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: <u>Merle Caplan</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE PD NAME SAPRA, PRAKASH STREET ADDRESS C/O CA PLAN 7103 VIA MARBELLA CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE PD NAME Sapra, Prakash STREET ADDRESS c/o Caplan CITY-ST-ZIP 14804 Enclave Lakes Dr T-5 Delray Beach FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSOT NAME CAPLAN, MURRAY STREET ADDRESS 7103 VIA MARBELLA CITY-ST-ZIP BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME CAPLAN, MURRAY STREET ADDRESS 7103 VIA MARBELLA CITY-ST-ZIP BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME CUPLAN, MERLE STREET ADDRESS 7103 VIA MARBELLA CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE VPD NAME Caplan, Merle STREET ADDRESS 14804 Enclave Lakes Dr T-5 CITY-ST-ZIP Delray Beach FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Merle Caplan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	

50003669



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