

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L95985

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: ELIZABETH PARK, INC.

## Current Principal Place of Business:

14804 ENCLAVE LAKES DR  
APT T-5  
DELRAY BEACH, FL 33484

## New Principal Place of Business:

C/O PBS  
141 NW 20 STREET B5  
BOCA RATON, FL 33431 US

## Current Mailing Address:

14804 ENCLAVE LAKES DR  
APT T-5  
DELRAY BEACH, FL 33484

## New Mailing Address:

C/O PBS  
141 NW 20 STREET B5  
BOCA RATON, FL 33431 US

FEI Number: 65-0242912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPLAN, MERLE  
14804 ENCLAVE LAKES DR  
APT T-5  
DELRAY BEACH, FL 33484 US

## Name and Address of New Registered Agent:

CAPLAN, MERLE  
141 NW 20 STREET  
B5  
BOCA RATON, FL 33431 US

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.

SIGNATURE: MERLE CAPLAN

07/08/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SAPRA, PRAKASH,  
Address: C/O CAPLAN, 14804 ENCLAVE LAKES DR APT T-5  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPD ( ) Delete  
Name: CAPLAN, MERLE  
Address: 14804 ENCLAVE LAKES DR APT T-5  
City-St-Zip: DELRAY BEACH, FL 33484

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SAPRA, PRAKASH,  
Address: C/O CAPLAN 7050 E SUNRISE DR 2103  
City-St-Zip: TUCSON, AZ 85750

Title: VPD (X) Change ( ) Addition  
Name: CAPLAN, MERLE  
Address: 7050 E SUNRISE DR 2103  
City-St-Zip: TUCSON, AZ 85750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERLE CAPLAN

P

07/08/2008

Electronic Signature of Signing Officer or Director

Date