

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 23, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # M29277**

1. Entity Name  
**ELEGANT HARDWARE, INC.**



Principal Place of Business

**6600 WEST ROGERS CIRCLE  
BOCA RATON, FL 33487**

Mailing Address

**6600 WEST ROGERS CIRCLE  
BOCA RATON, FL 33487**

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2670828**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STUART A. ROSENFELD  
6844 CHIMERE TERRACE  
BOYNTON BEACH, FL 33437**

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROSENFELD, STUART A
STREET ADDRESS	6844 CHIMERE TERR
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
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	

U000000732070  
01/23/08-80102-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #