## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M38250

Address:

City-St-Zip:

3813 S.W. 82ND AVE., #30

MAIMI, FL

FILED Jan 22, 2008 Secretary of State

Entity Nan	ne: ELORE H	HOLDINGS, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
7224 NW 2 MIAMI, FL						
Current Ma	ailing Addres	ss:	New Mailing Address:			
7224 NW 2 MIAMI, FL						
FEI Number:	59-2810060	FEI Number Applied For ( )	FEI Number Not App	licable()	Certificate of Status Desired (	)
Name and	Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
OREGUI, J 3813 S.W. #30 MIAMI, FL	82ND AVE.					
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or	both,
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	ent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( SAN MARTIN L 3813 S.W. 82N MIAMI, FL		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		) Delete ISQUETA, JOSE JAVIER ID AVE. #31	Title: Name: Address: City-St-Zip:		X) Change()Addition ASQUETA, JOSE JAVIER ND AVE. #31	
Title: Name: Address: City-St-Zip:	V ( ELEJABARRIE 3813 S.W. 82N MIAMI, FL	•	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( ELEJABARRIE 3813 SW 82NE MAIMI, FL		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name:	AS (	) Delete I ANTONIO	Title: Name:	(	) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOSE JAVIER LUQUI VΡ 01/22/2008