

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009756

Entity Name: ELITES PROGRAM, INC.

FILED  
Sep 04, 2007  
Secretary of State

## Current Principal Place of Business:

12865 W DIXIE HWY  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

12865 W DIXIE HWY  
NORTH MIAMI, FL 33161

## New Mailing Address:

FEI Number: 61-1509242      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

KAHANA, YIGAL  
410 W 45 ST  
MIAMI BEACH, FL 33140      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KAHANA, YIGAL  
Address: 410 W 45 ST  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: YASO, SARA  
Address: 4681 COUNTRY LANE  
City-St-Zip: WARRENSVILLE HTS, OH 44128

Title: D ( ) Delete  
Name: ST. ROSE, CHRISTOPHER  
Address: 131 NE 169TH TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: YASO-KAHANA, SARA  
Address: 410 W. 45 ST  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YIGAL D. KAHANA

D

09/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date