


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 08:00 AM
Secretary of State


DOCUMENT # P00000005733

1. Entity Name
ELYRO'S GENERAL SERVICES, CORP.



Principal Place of Business 296 NE 67ST MIAMI, FL 33138	Mailing Address 296 NE 67ST MIAMI, FL 33138
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DO NOT WRITE IN THIS SPACE



08142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0973591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPINOSA, SILVESTRE R
 1550 N.E. 173RD ST.
 N. MIAMI BEACH, FL 34162

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U000000772105
 08/16/07-80001-020 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESPINOSA, SILVESTRE R 1550 N.E. 173RD ST. N. MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRANSITO CEURA, ANGELA R 1550 N.E. 173RD ST. N. MIAMI BEACH, FL 33162
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 # _____