


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000012193</b> 1. Entity Name ELVASTON MARINE, INC.	
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Principal Place of Business 247 GRECO AVENUE CORAL GABLES, FL 33146	Mailing Address 247 GRECO AVENUE CORAL GABLES, FL 33146
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01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0977282	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  ROBERT W. STEWART, P.A. 1395 BRICKELL AVE. SUITE 430 MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reappointing)

UP00000672224  
03/20/07 80659-005 750.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, VICTOR E 247 GRECO AVENUE CORAL GABLES, FL 33146
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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:**

 **VICTOR CLARKE**

**JAN 16 2007**

Date

Daytime Phone #