

2006 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000018373	
1. Entity Name ELINAT CORP	

Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES FL 33134	Mailing Address 901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES FL 33134
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-1087558		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent IRIONDO, ANDRES J 901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

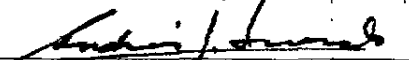
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANDSBERGER, ELIAS 170 OCEAN LANE DR. APT. 904 KEY BISCAYNE FL 33149	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS LANDSBERGER, NATALIA 170 OCEAN LANE DR. APT. 904 KEY BISCAYNE FL 33149	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS IRIONDO, ANDRES J 901 PONCE DE LEON BLVD #501 CORAL GABLES FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
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02/23/06-80031-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2/7/06 305-445-4077