

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000018756		
1. Entity Name ELLIN S.P.C., INC.		
Principal Place of Business THE BURTON GROUP LLC P.O. BOX 370666 MIAMI, FL 33137	Mailing Address THE BURTON GROUP LLC P.O. BOX 370666 MIAMI, FL 33137	



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0989088	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOTTLIEB, STUART M
525 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401

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

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	D
NAME	ELIA, SARA ELLIN
STREET ADDRESS	63 RUE DE PARIS, 78490 MONTFORT L'AMAURY
CITY - ST - ZIP	FRANCE,
TITLE	D
NAME	INGERMAN, STEVEN L
STREET ADDRESS	175 RIVERSIDE DRIVE, 7-K
CITY - ST - ZIP	NEW YORK, NY 10024
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000687348
04/10/07-80060-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Steven L. Ingerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN L. Ingerman

3/27/07

Date

(212) 818-8654

Daytime Phone #