

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90038 028 ***150.00

DOCUMENT # P00000055462

1. Entity Name
ELITE HOLDINGS GROUP, INC.



Principal Place of Business
152 NE 167TH ST SUITE 300
MIAMI, FL 33162

Mailing Address
152 NE 167TH ST SUITE 300
MIAMI, FL 33162



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1028606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CIVIL TRIAL PRACTICE, P.A.
152 NE 167TH ST.
STE. 300
MIAMI, FL 33162

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LOREN, JAMES M
152 NE 167TH ST SUITE 300
N. MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
AELION, DAVID
152 NE 167TH ST SUITE 300
N. MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: *David Aelion* **David Aelion**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/08
Date

305-944-4424
Daytime Phone #