2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087068

Entity Name: ELKO IMPORT AND EXPORT CORPORATION

FILED Apr 19, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6601 LYONS ROAD SUITE C-6 COCONUT CREEK, FL 33073

Current Mailing Address: New Mailing Address:

501 BRICKELL KEY DRIVE 801 BRICKELL AVENUE SUITE 400 SUITE 1580 MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: 65-1047107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NS CORPORATE SERVICES INC.
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FL 33131 US

NS CORPORATE SERVICES INC.
801 BRICKELL AVENUE
SUITE 1580
MIAMI, FL 33131 US

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.

SIGNATURE: NS CORPORATE SERVICES INC. 04/19/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition Name: DE ASSUMPCAO FARIA, JOSE LUIZ Name: LITWINSKI, MICHELE F

Address: 1900 WEST COMMERCIAL BLVD. SUITE 100 Address: 1900 WEST COMMERCIAL BLVD. SUITE 100 City-St-Zip: FORT LAUDERDALE, FL 333093018 City-St-Zip: FORT LAUDERDALE, FL 333093018

Title: D () Delete Title: () Change () Addition

 Name:
 FARIA, RENATA C D
 Name:

 Address:
 1900 WEST COMMERCIAL BLVD. SUITE 100
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 333093018
 City-St-Zip:

Name: FARIA, JOSE L D Name: LITWINSKI, MOZART K

Address: 1900 WEST COMMERCIAL BLVD. SUITE 100 Address: 1900 WEST COMMERCIAL BLVD. SUITE 100 City-St-Zip: FORT LAUDERDALE, FL 333093018 City-St-Zip: FORT LAUDERDALE, FL 333093018

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE F LITWINSKI P 04/19/2004