## 2004 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # P01000014778** 1. Entity Name ELIA REALTY INC. Principal Place of Business Mailing Address 6278 N. FEDERAL HWY., SUITE 170 P.O. BOX 1711 FT. LAUDERDALE, FL 33308 POMPANO BEACH, FL 33061 02082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1073658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INT'L CONSULTANTS & INVESTS, GROUP LTD, CO DO NOT WRITE **676 WEST PROSPECT RD** FORT LAUDERDALE, FL 33309 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. DATE (NOTE: Registered Agent signature required when reinstating) U00000136200 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 04/28/04-80083-012 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ELIA, GEORGE STREET ADDRESS 6278 N. FEDERAL HWY., SUITE 170 CITY-ST-ZIP FT. LAUDERDALE, FL 33308 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C(TY-S)7-21P IN THIS SPACE MALLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 of guistee 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 without address, with all other the empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

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

4/2/04

Daytime Phone #