

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 901.53 044 ***150.00

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DOCUMENT # P01000014778

1. Entity Name
ELIA REALTY INC.



Principal Place of Business
**6278 N. FEDERAL HWY., SUITE 170
FT. LAUDERDALE FL 33308**

Mailing Address
**6278 N. FEDERAL HWY., SUITE 170
FT. LAUDERDALE FL 33308**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1711
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

Zip
33061

Country
BRUNARD

4. FEI Number
65-1073658

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**INT'L CONSULTANTS & INVESTS. GROUP LTD. CO
6278 N. FEDERAL HWY., SUITE 170
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name
INT'L CONSULTANTS & INVEST. GROUP

Street Address (P.O. Box Number is Not Acceptable)
676 WEST PROSPECT RD

City
FORT LAUDERDALE FL

Zip Code
33309

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, 2003 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 ELIA, GEORGE 6278 N. FEDERAL HWY., SUITE 170 FT. LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: SIGNATURE REQUIRED **4-28-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)