



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2006 APR 25 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026202 1. Entity Name ELCA INVESTMENTS CORP.					
Principal Place of Business 201 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131			Mailing Address 201 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131		
2. Principal Place of Business 19950 W. Country Club Dr. Suite, Apt. #, etc. Suite 900		3. Mailing Address 19950 W. Country Club Dr. Suite, Apt. #, etc. Suite 900			
City & State Aventura, FL		City & State Aventura, FL		4. FEI Number 20-1986901	
Zip 33180		Country 33180		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAMORA, ANTONIO R 201 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> PETER F. SOUZA ASSISTANT SECRETARY </div> <div style="width: 30%; text-align: right;"> 4/24/06 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CABABIE, ELIAS 19950 W COUNTRY CLUB DR, STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAMORA, ANTONIO 201 S BISCAYNE BLVD, STE 2500 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAMORA, ANTONIO 201 S BISCAYNE BLVD, STE 2500 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAMORA, ANTONIO 201 S BISCAYNE BLVD, STE 2500 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAMORA, ANTONIO 201 S BISCAYNE BLVD, STE 2500 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Elias Cababie, President					
<div style="display: flex; justify-content: space-between;"> <div>04-13-06</div> <div>305-466-1210</div> </div> <div style="display: flex; justify-content: space-between;"> <div><small>Date</small></div> <div><small>Daytime Phone #</small></div> </div>					