

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90204 042 ***150.00

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1. Entity Name
ELISEO, INC.



Principal Place of Business
1320 S DIXIE HWY STE 1061
MIAMI, FL 33146

Mailing Address
1320 S DIXIE HWY STE 1061
MIAMI, FL 33146

00000014

2. Principal Place of Business - No P.O. Box #
9100 So. Dadelam Blvd.
Suite, Apt. #, etc.
Suite 1600

3. Mailing Address
9100 So. Dadelam Blvd.
Suite, Apt. #, etc.
Suite 1600

01102007 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL
Zip
33156 Country

City & State
MIAMI, FL
Zip
33156 Country

4. FEI Number
65-1112132
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALDECOA, JORGE L
1320 S DIXIE HWY STE 1061
MIAMI, FL 33146

7. Name and Address of New Registered Agent

Name
Jorge L. Aldecoa
Street Address (P.O. Box Number is Not Acceptable)
9100 So. Dadelam Blvd, Suite 1600
City
MIAMI FL Zip Code
33156

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 *Jorge L. Aldecoa* x 1-11-07
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATZ, ISAAC CPA
2742 BISCAYNE BLVD.
MIAMI, FL 33137 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jorge L. Aldecoa, ☒ Change ☒ Addition
9100 South Dadelam Blvd, # Suite 1600
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1/11/07 (305) 690-1984
Date Daytime Phone #