


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000072189
 1. Entity Name
ELYMIA, INC.



Principal Place of Business Mailing Address
16699 NE 19 AVE., **16699 NE 19 AVE.**
NORTH MIAMI BEACH, FL 33162 **NORTH MIAMI BEACH, FL 33162**



02242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3737594 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
OSHINSKY, LEONARD ESQ.
350 E LAS OLAS BLVD.,
SUITE 970
FT LAUDERDALE, FL 33301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000906416
~~05.02.08 80021-015 150.00~~

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MOUKARZEL, ELIAS E 16699 NE 19 AVE. NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAWAZ, JOSEPH M 2208 NE 123 STREET NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 9458859
Daytime Phone #