## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000073051

Entity Name: ELITE CAKE CREATIONS, INC.

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1524 S W 186TH AVENUE 9920 N.W. 6TH CT.

PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

1524 S W 186TH AVENUE 9920 N.W. 6TH CT.

PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33024

FEI Number: 65-1124938 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OTERO, BEATRIZ
1524 S W 186TH AVENUE
0TERO, BEATRIZ
9320 N.W. 15TH CT

PEMBROKE PINES, FL 33029 US PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: BEATRIZ OTERO 04/19/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS () Delete Title: MRS (X) Change () Addition Name: OTERO, MARIA B Name: OTERO, MARIA B

Address: 1524 S.W. 186TH AVENUE Address: 9320 N.W. 15TH CT.

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33024

Title: MR. ( ) Delete Title: MR. (X) Change ( ) Addition Name: GARCIA, JORGE Name: GARCIA, JORGE

Address: 1524 S.W. 186TH AVENUE Address: 9320 N.W. 15TH CT.

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ OTERO MS. 04/19/2005