2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081963

Entity Name: ELIJEN'S CORP.

FILED May 01, 2008 Secretary of State

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

25 SE 2ND AVE 25 SE 2ND AVE 311

MIAMI, FL 33131 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

25 SE 2ND AVE 25 SE 2ND AVE

MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: 65-1130665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

APONTE, ELIO C P, T, S 25 SE 2ND AVE APONTE, ELIO C P, T, S 25 SE 2ND AVE

714 311 MIAMI, FL 33131 US MIAMI, FL 33131 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: 05/01/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: APONTE, ELIO C P Name: APONTE, ELIO C P

 Name:
 APONTE, ELIO C P
 Name:
 APONTE, ELIO C P

 Address:
 8100 GENEVA CT., APT. 134
 Address:
 2650 W 72ND PL

 City-St-Zip:
 DORAL, FL 33166
 City-St-Zip:
 HIALEAH, FL 33016

Title: T () Delete Title: T (X) Change () Addition
Name: APONTE, ELIO C T Name: APONTE, ELIO C T

 Address:
 8100 GENEVA CT., APT. 134
 Address:
 2650 W 72ND PL

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 City-St-Zip:
 DORAL, FL 33166
 City-St-Zip:
 MIAMI, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELIO C APONTE P 05/01/2008