


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92205 030 ***163.75

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DOCUMENT # P01000081963	
1. Entity Name ELIJEN'S CORP.	

Principal Place of Business 2431 NW 99TH STREET MIAMI FL 33147-2141	Mailing Address 2431 NW 99TH STREET MIAMI FL 33147-2141
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2. Principal Place of Business 8181 N.W. 36TH ST.	3. Mailing Address 8181 N.W. 36TH ST.
Suite, Apt. #, etc. 8-D	Suite, Apt. #, etc. 8-D
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33166	Country U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1130665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, JENNIE C 2775 W 12 AVE #1 HIALEAH FL 33010	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Jennie C. Morales JENNIE C. MORALES - PRESIDENT 04/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MORALES, JENNIE C 2775 W 12 AVE #1 HIALEAH FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jennie C. Morales JENNIE C. MORALES 04/28/03 (305) 300 7592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)