

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90019 040 ***150.00

DOCUMENT # P01000101202

1. Entity Name
ELITE EXECUTIVE PROTECTION, INC.



Principal Place of Business Mailing Address

**455 NE 146TH ST.
 MIAMI, FL 33161** **455 NE 146TH ST.
 MIAMI, FL 33161**

2. Principal Place of Business 3. Mailing Address

704 SW 17 AVE **704 SW 17 AVENUE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

#6 **#6**

City & State City & State

Miami, Florida **Miami, Florida**

Zip Country Zip Country

33135 **U.S** **33135** **U.S**



04092004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

80-0023590 Not Applicable

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

6. Name and Address of Current Registered Agent

**MORA, YULENIA
 455 NE 146TH ST.
 MIAMI, FL 33161**

7. Name and Address of New Registered Agent

Name **Yahina Mora**

Street Address (P.O. Box Number is Not Acceptable)
455 NE 146 ST

Miami Florida 33161

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  DATE **3/30/04**

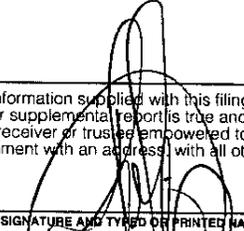
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORA, ERNESTO 455 NE 146TH ST. MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. Mora, Ernesto 704 SW 17 AVENUE SUITE # 6 MIAMI, FL 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD YULENIA, MORA 455 NE 146TH ST. MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mora, Yulenia - VSD 704 SW 17 AVENUE SUITE # 6 MIAMI, FL 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORA, FLORENCIA X 455 NE 146TH ST. MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mora, Yahina 704 SW 17 AVENUE # 6 MIAMI, FL 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3/30/04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

24048961

PD 1000101202

Memo

To: Whom it May Concern

From: Ernesto Mora

Date: 04/09/04

Re: Expired Memorandum

I regret to inform you that on March 20, 2004 my wife, Florencia Mora-Mijarez lost a battle to an illness. Enclosed, is her death certificate for appropriate changes. Please make a note of it.

If you should have any questions or concerns, feel free to contact me at (786) 202-4023.

Thank you for your cooperation.

Ernesto Mora

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDA

7107896
2004076

1. DECEASED'S NAME (First, Middle, Last) Florescia Mora		2. SEX Female	
3. DATE OF DEATH (Month, Day, Year) March 26, 2004		4. SOCIAL SECURITY NUMBER 5-52-47	
5. PLACE OF BIRTH (Month, Day, Year) Miami, Florida		6. AGE Last Birthday 53	
7. BIRTH PLACE (City and State or Foreign Country) Miami, Florida		8. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes or No) No	
9. PLACE OF DEATH (Check only one; see instructions on front of form) Hospital Inpatient Principal 10. INSIDE CITY LIMITS (Yes or No) Yes		11. CITY, TOWN, OR LOCATION OF DEATH North Miami	
12. COUNTY OF DEATH Miami-Dade		13. FACILITY NAME (If not institution, give street and number) 455 North East 146th Street	
14. DECEASED'S USUAL OCCUPATION Nurse		15. KIND OF BUSINESS AND INDUSTRY Nursing	
16. MARITAL STATUS Married		17. SURVIVING SPOUSE (Name, given name and surname) Ernesto Mora	
18. RESIDENCE - STATE Florida		19. COUNTY Miami-Dade	
20. CITY, TOWN, OR LOCATION North Miami		21. STREET AND NUMBER 455 North East 146th Street	
22. INSIDE CITY LIMITS (Yes or No) Yes		23. ZIP CODE 33161	
24. WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? No		25. RACE - American, Indian, Black, White, etc. Black	
26. DECEASED'S EDUCATION (Specify only if not a high school graduate) High School		27. FATHER'S NAME (First, Middle, Last) Enrique Milares	
28. MOTHER'S NAME (First, Middle, Last) Rosadella Vicer		29. MARRIAGE ADDRESS (Street and Number or Rural Route Number, City or Town, State, and Zip Code) 455 N.E. 146th Street North Miami, Florida 33161	
30. METHOD OF DISPOSITION Cremation		31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Orlando Crematory	
32. LOCATION - City or Town, State Orlando, Florida		33. SIGNATURE OF REMPAL SERVICE LICENSEE [Signature]	
34. LICENSE NUMBER [Number]		35. NAME AND ADDRESS OF FACILITY Florida Funeral Home & Crematory 195 N. 14th Ave Miami, Florida 33125	
36. DATE SIGNED (Mo., Day, Year) 3/26/04		37. HOUR OF DEATH 1:00 PM	
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Sara Cervino, M.D., 8900 North Kendall Drive, #300, East Miami, FL 33175		39. MEDICAL EXAMINER'S CASE [Number]	
40. SIGNATURE OF MARITAL REGISTRAR AND DATE [Signature] 4-25-04		41. DATE REGISTERED APR 6 2004	
42. PART I Enter the immediate causes of death in the order that they occurred. Do not enter the mode of dying such as cardiac or respiratory arrest. Check appropriate external cause of death code.			
I. (a) Immediate cause of death Pancreatic Cancer			
(b) Due to (or as a consequence of) Metastatic Carcinomatosis			
II. (a) Underlying cause of death [Blank]			
(b) Due to (or as a consequence of) [Blank]			
III. (a) Other external conditions contributing to death but not resulting in underlying cause of death [Blank]			
(b) Due to (or as a consequence of) [Blank]			
43. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Yes or No) No			
44. IF SURGERY IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED [Blank]			
45. DATE OF SURGERY (Mo., Day, Year) [Blank]			
46. PROBABLE MANNER OF DEATH (Specify: Natural, accident, suicide, homicide, or undetermined) Natural			
47. DATE OF INJURY (Mo., Day, Year) [Blank]			
48. TIME OF INJURY [Blank]			
49. INJURY AT WORK? (Yes or No) No			
50. DESCRIBE HOW INJURY OCCURRED [Blank]			
51. PLACE OF INJURY (If home, form Street, City, State, and Zip Code) [Blank]			
52. LOCATION (Street and Number or Rural Route Number, City or Town, State) [Blank]			

VOID IF ALTERED OR ERASED

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THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE
APR 07 2004
State Registrar

WARNING
61054364

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER AND A WATERMARK OF THE SEAL OF THE STATE OF FLORIDA DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE SEAL CONTAINS SPECIAL LINES WITH TEXT AND SEALS OF THE DEPARTMENT OF HEALTH.

