
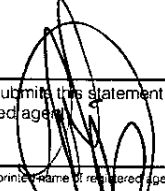
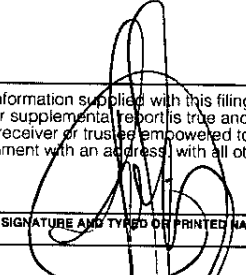


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 455 NE 146TH ST. MIAMI, FL 33161			Mailing Address 455 NE 146TH ST. MIAMI, FL 33161		
2. Principal Place of Business 704 SW 17 Ave			3. Mailing Address 704 SW 17 Avenue		
Suite, Apt. #, etc. #6			Suite, Apt. #, etc. #6		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33135		Country U.S	Zip 33135		Country U.S
4. FEI Number 80-0023590			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 Yahima 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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, Yulenía - 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, Yahima 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		
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		
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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

DECEDENT'S NAME (First, Middle, Last)		Sex	
Floresencia Mora		Female	
DATE OF DEATH (Month, Day, Year)		SOCIAL SECURITY NUMBER	
March 26, 2004		555-447-2759	
AGE (Last Birthday)		53	
15a. UNDER 1 Year		15b. UNDER 1 Day	
Months		Days	
PLACE OF BIRTH (Month, Day, Year)		BIRTH PLACE (City and State or Foreign Country)	
March 26, 1951		Cuba	
PLACE OF DEATH (Check only one; see instructions on back side)		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
HOSPITAL		No	
INSIDE CITY LIMITS? (Yes or No)		9a. INSIDE CITY LIMITS? (Yes or No)	
Yes		Yes	
FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN, OR LOCATION OF DEATH	
455 North East 146th Street		North Miami	
9c. COUNTY OF DEATH		10a. DECEASED'S USUAL OCCUPATION	
Miami-Dade		Nurse	
10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS	
Nursing		Married	
12. SURVIVING SPOUSE (Name, given name, last name)		13a. RESIDENCE - STATE	
Ernesto Mora		Florida	
13b. COUNTY		13c. CITY, TOWN, OR LOCATION	
Miami-Dade		North Miami	
13d. STREET AND NUMBER		14a. INSIDE CITY LIMITS? (Yes or No)	
455 North East 146th Street		Yes	
14b. ZIP CODE		14c. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify)	
33125		Cuban	
15. RACE - American Indian, Black, White, etc. (Specify)		16. DECEDENT'S EDUCATION	
Black		Elementary School	
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Last)	
Felipe Martinez		Rosalea Vicer	
19a. MARRIAGE DATE		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
None		455 N.E. 146th Street North Miami, Florida 33125	
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	
Burial		Florida Crematory	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE		21b. LICENSE NUMBER	
[Signature]		18973	
22a. DATE SIGNED (Mo., Day, Year)		22b. HOUR OF DEATH	
3/26/04		1:00 PM	
23a. NAME OF ATTENDING PHYSICIAN (If other than certifier, type of office)		23b. MEDICAL EXAMINER'S CASE	
Dr. Sara Gerardo M.D. - 8940 North Kendall Drive, #300 East, Miami, FL 33176		No	
24. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, etc.)		25. DATE REGISTERED	
[Signature]		APR 6 2004	
26. PART I (Enter the immediate cause of death, or conditions that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock, etc. List only the cause on each line.)		27. DATE OF DEATH	
Breast Cancer		26/03/04	
28. DUE TO (OR AS A CONSEQUENCE OF)		29. DUE TO (OR AS A CONSEQUENCE OF)	
Metastatic Carcinomatosis		26/03/04	
30. DUE TO (OR AS A CONSEQUENCE OF)		31. DUE TO (OR AS A CONSEQUENCE OF)	
32. DUE TO (OR AS A CONSEQUENCE OF)		33. DUE TO (OR AS A CONSEQUENCE OF)	
34. OTHER SPECIAL CONDITIONS contributing to death but not resulting from underlying cause (List on back)		35. WAS AN AUTOPSY PERFORMED?	
None		No	
36. IF SURGERY IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED		37. DATE OF SURGERY (Mo., Day, Year)	
None		None	
38. PROBABLE MANNER OF DEATH (Specify)		39. DATE OF INJURY	
Natural, accident, suicide, homicide, or undetermined		None	
40. PLACE OF INJURY (If home, term "Home" is sufficient)		41. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
Home		None	

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 ON SECURITY PAPER WITH A WATERMARK OF THE GREAT 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 BACK CONTAINS SPECIAL LINES WITH TEXT AND SEAL.

FLORIDA DEPARTMENT OF
HEALTH

CERTIFICATION OF VITAL RECORD