

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90031 033 ***150.00

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1. Entity Name
ELITE EXECUTIVE PROTECTION, INC.



Principal Place of Business

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

Mailing Address

**455 NE 146TH ST
#6
MIAMI, FL 33161**

2. Principal Place of Business

3. Mailing Address

455 NE 146 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006

Chg-P

CR2E034 (11/05)

City & State

City & State

MIAMI FL 33161

4. FEI Number

80-0023590

Applied For

Not Applicable

Zip

Country

Zip

Country

33161

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 PD ☐ Delete
NAME MORA, ERNESTO
STREET ADDRESS 458 NE 146TH ST
CITY-ST-ZIP MIAMI, FL 33161

TITLE ☒ Change ☐ Addition
NAME **455 NE 146 ST**
STREET ADDRESS **MIAMI FL 33161**
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME YULENIA, MORA
STREET ADDRESS 455 NE 146TH ST
CITY-ST-ZIP MIAMI, FL 33161

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MORA, YAHIMA
STREET ADDRESS 455 NE 146TH ST
CITY-ST-ZIP MIAMI, FL 33161

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2006

Date

786-2024023

Daytime Phone #