## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2007 08:00 A Secretary of State 1. Entity Name ELIDÉ LEASING, INC. Principal Place of Business Mailing Address 8241 S.W. 32ND TERRACE 8241 S.W. 32ND TERRACE MIAMI, FL 33155 MIAMI, FL 33155 No Chg-P CR2E034 (11/05) 04262007 Applied For 4. FEI Number 36-4497754 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FARKAS, YAZMIN 8241 S.W. 32ND TERRACE DO NOT WRITE MIAMI, FL 33155 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSD TITLE FARKAS, YAZMIN NAME 8241 S.W. 32ND TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 VPS TITLE FARKAS, ALEX D NAME STREET ADDRESS 10440 SW 126 AVE CITY-ST-ZIP MIAMI, FL 33155 STREET ADDRESS CITY-ST-ZIP TITLE TRIPES STACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 000000747035 05/17/07-80009-016 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is trule 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 employee of the 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.

arkas

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ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PR

**FILED**