2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103571 1. Entity Name ELITE FORCES CORP Principal Place of Business Mailing Address

FILED May 01, 2006 08:00 AN Secretary of State

169 EAST FL 1534 MIAMI, FL 3	•	169 EAST FLAGLER STREET 1534 Miami, Fl 33131					
DO NOT WRITE IN THIS SPACE			CE	04222006 4. FEI Numb 65-115 5. Certificate		CR2EC	Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent		,			
MELTZER 169 E. FLA MIAMI, FL	AGLER ST. #1534				NOT W THIS SF		· "
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and little		• •		oth, in the State of Fl		familiar with, and accept
	Signature, typed or printed name of registered agent and little	if applicable. [NDTE, Registorer	d Agent signature required	d when reinstaling)	T	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GOLDHAR, MARIO PEDRO 169 EAST FLAGLER STREET, #1534 MIAMI, FL 33131						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000 05/15/06-	1552633 -80017-	011 150.00
FITLE Name Street address City-St-Zip				DO	NOT W	/RITI	none der mage
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SF	PACE	
ITILE Name Street address City-St-Zip							
TITLE Name Street address City-St-Zip				<u> </u>			
12. I hereby o	certify that the information supplied with this t	iling does not qualify for the exe	emptions contained	in Chapter 118	9, Florida Statutes, I	further cer	tify that the Information

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	emptions contained in Chapter 119, Florida Statutes, I further certify that the information
indicated on this report or supplemental report is true and accurate and that my signa	ture 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 requi	fred 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:	() 2/	Ĺ	124106
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #