## 2004 FOR PROFIT CORPORATION REINSTATEMENT

City-St-Zip:

HOLLYWOOD, FL 33023

FILED Dec 02, 2004

DOCOM	IEN 1# P01000119236	•	Secretary of State
Entity Nar	ne: ELEGANT PROPERTY MANAGEMENT, I	NC.	
Current P	rincipal Place of Business:	New Principal Place of Bu	ısiness:
	THWEST 19TH STREET OOD, FL 33023		
Current M	ailing Address:	New Mailing Address:	
	THWEST 19TH STREET OOD, FL 33023		
FEI Number:	65-1159597 FEI Number Applied For ( )	FEI Number Not Applicable ( )	ertificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of Nev	v Registered Agent:
	RRY D ITH AVENUE RDALE, FL 33312 US	MILLS INCOME TAX SERV 110 FOSTER ROAD HALLANDALE BEACH, FL	
The above in the State	named entity submits this statement for the pure of Florida.	pose of changing its registered offic	e or registered agent, or both,
SIGNATUR	RE: R N MILLS/ MILLS INCOME TAX SERVIC	Ε	12/02/2004
	Electronic Signature of Registered Agent		Date
	ce with s. 607.193(2)(b), F.S., the corporation did not r npaign Financing Trust Fund Contribution().	eceive the prior notice.	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PCEO () Delete PARRISH, DWAYNE L 4931 SOUTHWEST 19TH STREET HOLLYWOOD, FL 33023	Title: ( ) Ch Name: Address: City-St-Zip:	nange ( ) Addition
Title: Name: Address: City-St-Zip:	ST () Delete MCCLOVER, GRAGGORY K 4931 SOUTHWEST 19TH STREET HOLLYWOOD, FL 33023	Title: ( ) Ch Name: Address: City-St-Zip:	nange ( ) Addition
Title: Name: Address:	VP () Delete PARRISH, ELIZABETH V 4931 SOUTHWEST 19TH STREET	Title: ( ) Ch Name: Address:	nange ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DWAYNE PARRISH PCEO 12/02/2004
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