


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000004527
1. Entity Name
ELIT USA, INC.



Principal Place of Business: 12820 BAY TIMBER CT. FT. MYERS, FL 33913
Mailing Address: 12820 BAY TIMBER CT. FT. MYERS, FL 33913



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 03-0382189 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
GAGLIARDI, JOSEPHINE
6361 PRESIDENTIAL CT., STE. B
FT. MYERS, FL 33919

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	COLAK, YAVUZ
STREET ADDRESS	18280 BAY TIMBER CT.
CITY-ST-ZIP	FT. MYERS, FL 33913
TITLE	VT
NAME	COLAK, ULKU
STREET ADDRESS	18280 BAY TIMBER CT.
CITY-ST-ZIP	FT. MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

110000140488
01/24/05-80135-011 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Yavuz Colak 01/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #