

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90110 005 \*\*\*150.00

<b>DOCUMENT # P02000032627</b>	
1. Entity Name <b>TAMPA BAY'S ELITE, INC.</b>	



Principal Place of Business <b>2322 LAKE AVE SE LARGO, FL 33771</b>	Mailing Address <b>2322 LAKE AVE SE LARGO, FL 33771</b>
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**50049446**



2. Principal Place of Business <b>2840 46th Ave N</b>	3. Mailing Address <b>2840 46th Ave N</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04182005 Chg-P CR2E034 (10/03)

City & State <b>St. Pete, FL</b>	City & State <b>St. Pete, FL</b>
Zip <b>33714</b>	Zip <b>33714</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>01-0682794</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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8. Name and Address of Current Registered Agent <b>BERMAN, ELIHU H ESQ 509 S GREENWOOD AVE CLEARWATER, FL 33756</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRENIER, RAYMOND MARCEL 1074 BRITTON ST. LARGO, FL 33770 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAMINA, MARCO 1074 BRITTON ST. LARGO, FL 33770 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grenier, Raymond Marcel 1074 Britton St. Largo FL- 33770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Resigned as of 3/17/03</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marco Alamina 7436 Bayou Club Blvd Largo FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Marco Alamina **DATE:** 4-19-05

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