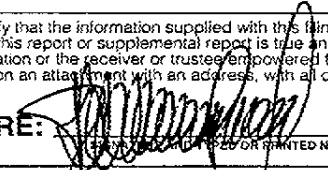


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000040458		
1. Entity Name ELAN INTERNATIONAL INC.		
Principal Place of Business 1841 SW 31ST AVE. PEMBROKE PINES, FL 33009	Mailing Address 1841 SW 31ST AVE. PEMBROKE PINES, FL 33009	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent REIFF, ANDREW L 135 W. CENTRAL BLVD., SUITE 720 ORLANDO, FL 32801		
B. 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 _____ Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAVIR, ELAN 1841 SW 31ST AVE. PEMBROKE PINES, FL 33009	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUNSHWIG, THIERRY 151 CENTER ST. CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <u>THIERRY BRUNSHWIG</u> <u>1/23/04</u> Signature, typed or printed name of signing officer or director Date Daytime Phone #		



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0474259	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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IN THIS SPACE**

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01/23/04-80026-017 150.00

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IN THIS SPACE**