2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P02000040458

1. Entity Name
ELAN INTERNATIONAL INC.

Principal Place of Business	Mailing Address
1839 SW 31ST AVE. PEMBROKE PINES, FL 33009	1839 SW 31ST AVE. PEMBROKE PINES, FL 33009

DO NOT WRITE IN THIS SPACE

03182008 No Chg-P CR2E034 (11/05)

4. FEI Number
45-0474259

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REIFF, ANDREW L
135 W. CENTRAL BLVD., SUITE 720
ORLANDO, FL 32801

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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, 2008 Fee will be $550.00

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

U00000868216
04/08/08-90100-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAVIR, ELAN
STREET ADDRESS	1839 SW 31ST AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33009
TITLE	D
NAME	BRUNSHWIG, THIERRY
STREET ADDRESS	200 BALD CYPRESS CT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	BEN EZRA, NOEMIE S
STREET ADDRESS	1839 SW 31ST AVE.
CITY-ST-ZIP	PEMBROKE PARK, FL 33009
TITLE	D
NAME	SAVIR, GALIT
STREET ADDRESS	1839 SW 31ST AVE
CITY-ST-ZIP	PEMBROKE PARK, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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: THIERRY BRUNSCHWIG 3/18/08 954 962 9166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #