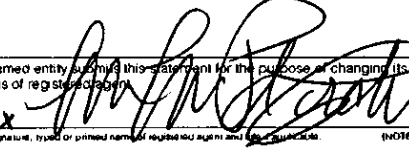
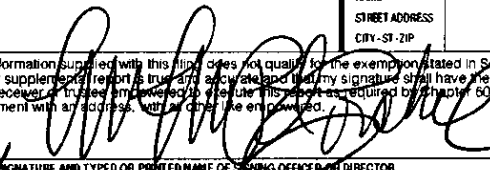


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92195 009 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000061225		
1. Entity Name ELYSIAN MARKETING, INC.		
Principal Place of Business 6130 SW 108 PL MIAMI, FL 33173		Mailing Address 6130 SW 108 PL MIAMI, FL 33173
2. Principal Place of Business 11210 SW 29 St Suite, Apt. #, etc.		3. Mailing Address 11210 SW 29 St Suite, Apt. #, etc.
City & State Miami FL		City & State Miami FL
Zip 33165		Zip 33165
Country USA		Country USA
4. FEI Number 04-3680814		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CANOVACA, MONICA 6130 SW 108 PL MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Monica Canovaca Street Address (P.O. Box Number is Not Acceptable) 11210 SW 29 St City Miami FL Zip Code 33165
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 4/27/03 (NOTE: Registered Agent Signature required when submitting)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD CANOVACA, MONICA 6130 SW 108 PL MIAMI, FL 33173 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 601, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.		
SIGNATURE:  DATE 4/27/03 305-554-7112 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Daytime Phone

90126092



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (1/02)