22 M. 25

## FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90254 042 \*\*\*150.00

## 2004 FOR PROFIT CORPORATION

ANNUAL REPORT									
DOCUMENT # P02000085975  1. Entity Name ELOHIM ENTERPRISE, INC.						0.40	Notice to a -		
Principal Place	of Business	Mailing Address			94072810				
10700 MYSTIC CIRCLE		10700 MYSTIC CIRCLE							
SUITE 203   Orlando, Fl. 32836-6639		SUITE 203 Orlando, FL 32836-6639		•					
2. Principal Place of Business 5298 BROOK CT		3. Mailing Address 5298 BLOOK CT							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	04212004	Chg-P	CBSEO	34 (10/03)	
. 02.4 02.4		City & State				<u> </u>		· · · · · ·	-r-are-
OK WAN	30 FL	OL ANDO	FL		4. FEI Numbe 22-386				plied For t Applicable
27,811	Country 3Zip 8 1		Country	у	5. Certificate of Status Desired S8.75 Additional Fee Required				
0.00	Registered Agent		7. Name and Address of New Registered Agent						
CEDACIN	MADORI O N		Name						
SERAFIN, MARCELO N 10700 MYSTIC CIRCLE			ľ	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 203 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (									
OKEANDO, PE 32030-0038			-	City Zip Code					
9. The shows	named active submits this determine to	aciatorod	t office or regist	ared easet or bal	h is the State of E	FL	•		
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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.									
SIGNATURE 04 24.04									
Signature, typed or princes hame of registerell agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.			CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	PD MARCELON	☐ Detete	TITLE NAME	PD SER	AGM, A	4 Lcého	$\sim$	Change	☐ Addition
NAME STREET ADDRESS				ADDRESS 52	98 BRO		0.14		
CITY-ST-ZIP				ST-ZIP OR	hand 0	PL 32	811		Ì
TITLE	VD	☐ Detete	TITLE	YD	RAFIM,	MARCE	10 11	<b>E</b> Change	Addition
NAME STREET ADDRESS	ROLDI, GEYSI 10700 MYSTIC CIRCLE #203		NAME			Do Nac	W N		
CITY-ST-ZIP					MNDO	FL	328	11	
TITLE		☐ Defete	TITLE			*		☐ Change	☐ Addition
NAME STREET ADORESS			NAME	T ADDRESS					
CITY-ST-ZIP			CITY-S						
TITLE		☐ Detete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	ŕ		NAME	T ADDRESS					
CITY-ST-ZIP			CITY-S						
TITLE		☐ Delete	TITLE				<del></del>	☐ Change	Addition
NAME	,		NAME	T ADDRESS				•	ł
STREET ADDRESS CITY-ST-ZIP		· ·	CITY-S						
TITLE		\	TITLE					☐ Change	Addition
NAME	<b> </b>		NAME						
STREET AODRESS CITY - ST - ZIP			STREET CITY-S	T ADDRESS ST-ZIP					
L	certify that the information supplied with	this filing does not qualify for			Section 119.07(3)	i), Florida Statutes	. I further cer	rtify that the in	formation
12. I hereby certify that the information supplied with this filling 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 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 addirect with an other like empowered.									
SIGNATURE:									
SIGNATURE. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysine Phone 4									