


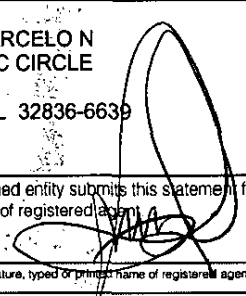
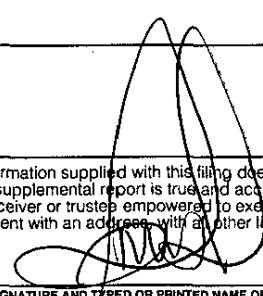
FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90254 042 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

94072810



DOCUMENT # P02000085975			
1. Entity Name ELOHIM ENTERPRISE, INC.			
Principal Place of Business 10700 MYSTIC CIRCLE SUITE 203 ORLANDO, FL 32836-6639		Mailing Address 10700 MYSTIC CIRCLE SUITE 203 ORLANDO, FL 32836-6639	
2. Principal Place of Business 3298 Brook CT		3. Mailing Address 3298 Brook CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32811		Country	
4. FEI Number 22-3863778		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERAFIN, MARCELO N 10700 MYSTIC CIRCLE SUITE 203 ORLANDO, FL 32836-6639		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 		DATE 04-27-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SERAFIN, MARCELO N STREET ADDRESS 10700 MYSTIC CIRCLE #203 CITY-ST-ZIP ORLANDO, FL 328366639	<input type="checkbox"/> Delete	TITLE PD NAME SERAFIN, MARCELO N STREET ADDRESS 5298 BROOK CT CITY-ST-ZIP ORLANDO FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME ROLDI, GEYSI STREET ADDRESS 10700 MYSTIC CIRCLE #203 CITY-ST-ZIP ORLANDO, FL 328366639	<input type="checkbox"/> Delete	TITLE VD NAME SERAFIN, MARCELO N STREET ADDRESS 5298 BROOK CT CITY-ST-ZIP ORLANDO FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 another like empowered.			
SIGNATURE: 		04-27-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	