

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000112829

Entity Name: ELITE UNIVERSITY, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

175 SW 7TH STREET  
BRICKELL, MIAMI, FL 33130

## **New Principal Place of Business:**

19201 COLLINS AVENUE  
834  
SUNNY ISLES BEACH, MIAMI, FL 33160

## **Current Mailing Address:**

175 SW 7TH STREET  
BRICKELL, MIAMI, FL 33130

## **New Mailing Address:**

19201 COLLINS AVENUE  
834  
SUNNY ISLES BEACH, MIAMI, FL 33160 US

FEI Number: 55-0803105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

MICHAELS, SYLVESTER  
175 SW 7TH STREET  
BRICKELL, MIAMI, FL 33130 US

## **Name and Address of New Registered Agent:**

MICHAELS, SYLVESTER MR  
19201 COLLINS AVENUE  
834  
SUNNY ISLES BEACH, MIAMI, FL 33160 US

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.

SIGNATURE: SYLVESTER MICHAELS

04/26/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MICHAELS, SYLVESTER MR  
Address: 19201 COLLINS AVENUE, APT 834  
City-St-Zip: SUNNY ISLES BEACH, MIAMI, FL 33160 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SYLVESTER MICHAELS

PTD

04/26/2011

Electronic Signature of Signing Officer or Director

Date