

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113075

FILED  
May 13, 2010  
Secretary of State

**Entity Name:** ELIAS BROTHERS GROUP AT TUSCANY COVE, INC.

**Current Principal Place of Business:**

3570 ENTERPRISE AVENUE  
SUITE 100  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

3570 ENTERPRISE AVENUE  
SUITE 100  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 14-1854094      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

YITZHAK, RAHAMIM  
3570 ENTERPRISE AVENUE  
SUITE 100  
NAPLES, FL 34104 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: ELIAS, OVADIA R  
Address: 3570 ENTERPRISE AVENUE #100  
City-St-Zip: NAPLES, FL 34104

Title: EV  
Name: ELIAS, ILAN  
Address: 3570 ENTERPRISE AVENUE #100  
City-St-Zip: NAPLES, FL 34104

Title: EV  
Name: YITZHAK, RAHAMIM  
Address: 3570 ENTERPRISE AVENUE #100  
City-St-Zip: NAPLES, FL 34104

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: RAHAMIM YITZHAK

EV

05/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date