

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000131700

1. Entity Name
ELITE CUSTOM INTERIOR SERVICES INC.



Principal Place of Business
**680 NE 26TH COURT
POMPAÑO BEACH, FL 33064**

Mailing Address
**680 NE 26TH COURT
POMPAÑO BEACH, FL 33064**



03122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
46-0514201

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WAITE, LEEFORD
1900 SW 16TH AVE
MIRAMAR, FL 33023**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WAITE, LEEFORD
STREET ADDRESS	1900 SW 16TH AVE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	V
NAME	WAITE, VICTOR
STREET ADDRESS	7502 NW 40TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	S
NAME	WAITE, ROHAN
STREET ADDRESS	8560 N SHERMAN CIRCLE APT 305
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	T
NAME	WAITE, ANTHONY
STREET ADDRESS	20533 NE 6TH CT.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/05-80029-004 150.00

**DO NOT WRITE
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #