

**ANNUAL REPORT**

**DOCUMENT # P02000133680**

1. Entity Name  
**ELINI DESIGNS CORP.**



**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90002 032 \*\*\*150.00

Principal Place of Business  
**19495 BISCAYNE BOULEVARD  
SUITE 600  
AVENTURA, FL 33180**

Mailing Address  
**19495 BISCAYNE BOULEVARD  
SUITE 600  
AVENTURA, FL 33180**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4157751**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BAROKAS, NISSAIM  
1 TURNBERRY PLACE  
19495 BISCAYNE BLVD., SUITE 600  
AVENTURA, FL 33180**

**DO NOT WRITE  
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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
BAROKAS, NISSIM  
628 N ISLAND DR  
GOLDEN BEACH, FL 33160**

TITLE  
NAME  
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CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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

**4/29/04**

Date

Daytime Phone #