

*** 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000133680

1. Entity Name
ELINI DESIGNS CORP.



Principal Place of Business
**1 TURNBERRY PLACE
19495 BISCAYNE BLVD, # 809
AVENTURA, FL 33180**

Mailing Address
**1 TURNBERRY PLACE
19495 BISCAYNE BLVD, # 809
AVENTURA, FL 33180**



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4157751	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BAROKAS, NISSAIM
1 TURNBERRY PLACE
19495 BISCAYNE BLVD., SUITE 809
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 _____ [NOTE: Registered Agent signature required when reappointing] DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000472381
03/29/06-80034-013 158.75

10. OFFICERS AND DIRECTORS

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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TITLE	
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STREET ADDRESS	
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 exemptions contained in Chapter 119, 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 to this address, with all other like empowered.

SIGNATURE: *[Signature]* **NISSIM BAROKAS** **3/14/06** **305 466-7855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #