

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000009469						FILED 05 JUN -7 AM 11:06 SECRET TALLAHASSEE, FLORIDA	
1. Entity Name ELQ ENTERPRISES, INC.							
Principal Place of Business PO BOX 960098 MIAMI, FL 33296		Mailing Address PO BOX 960098 MIAMI, FL 33296					
2. Principal Place of Business PO BOX 960098 Suite, Apt. #, etc.		3. Mailing Address PO BOX 960098 Suite, Apt. #, etc.					
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		 REINSTATEMENT 03-05		4. FEI Number 01-0773129 Applied For <input type="checkbox"/> Not Applicable	
Zip 33296	Country MIAMI-0008	Zip 33296	Country MIAMI-0008	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLOR, LILIANA Q 7700 SW 155TH PLACE UNIT 52 MIAMI, FL 33193				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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  (President) DATE 11-8-04 <small>Signature, typed or printed name of registered agent and when applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOR, LILIANA Q PO BOX 960098 MIAMI, FL 33296 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOR, LILIANA Q PO BOX 960098 MIAMI FL 33296 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOR, DAVID JR PO BOX 960098 MIAMI, FL 33296 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOR, DAVID JR PO BOX 960098 MIAMI FL 33296 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200056602512 06/28/05--01019--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200056602512 06/28/05--01019--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  (President) DATE 11/8/04 (365) (4086412) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							