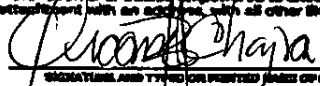


FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90474 026 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # PP03000018320		
1. Entity Name ELI TRANSPORTATION GROUP, INC		
Principal Place of Business 168 S.E. 1ST STREET SUITE 1006 MIAMI FL 33131	Mailing Address 168 S.E. 1ST STREET SUITE 1006 MIAMI FL 33131	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent P / VITE, EBERTO 168 S.E. 1ST STREET, SUITE 1006 MIAMI FL 33131		54053910  04302004 No Chg-P CP2E034 (10/03) 4. FES Number APPLY FOR Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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, print or printed name of registered agent and title if applicable) (SEVEN) Registered Agent signature required when extending		
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$200.00		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 / VITE, EBERTO 168 S.E. 1ST STREET, SUITE 1006 MIAMI FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S / VITE, EBERTO 168 S.E. 1ST STREET SUITE 1006 MIAMI FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME 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 exemption stated in Section 119.07(3)(b), 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 807, 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:  SIGNATURES AND TITLES OR PRINTED NAMES OF MEMBERS, OFFICERS OR DIRECTOR		
Date Exhibit Photo if		