

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91069 030 ***150.00

DOCUMENT # P03000025483



1. Entity Name
ELEMENTAL HOLDINGS, INC.

Principal Place of Business
**5802 NW 82ND AVE.
TAMARAC, FL 33321**

Mailing Address
**5802 NW 82ND AVE.
TAMARAC, FL 33321**

94083021

2. Principal Place of Business
1523 N. 46 AVE

3. Mailing Address
1523 N. 46 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
710937015

Applied For
Not Applicable

Zip
33021

Country
USA

Zip
33021

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUIROZ, BRUCE R
5802 NW 82ND AVE.
TAMARAC, FL 33321**

Name
BRUCE R. QUIROZ

Street Address (P.O. Box Number is Not Acceptable)

1523 N. 46 AVE

City
Hollywood, FL

FL

Zip Code
33021

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]

(NOTE: Registered Agent signature required when reinstating)

4/26/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **QUIROZ, BRUCE R**
STREET ADDRESS **5802 NW 82ND AVE.**
CITY - ST - ZIP **TAMARAC, FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **QUIROZ, BRUCE R.**
STREET ADDRESS **1523 N. 46 AVE**
CITY - ST - ZIP **Hollywood, FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

954.781.0952

Daytime Phone #