

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90049 033 \*\*\*150.00

<b>DOCUMENT # P03000053238</b> 1. Entity Name <b>ELEFEM INC.</b>					
Principal Place of Business <b>2981 NW 79TH AVE MIAMI FL 33122</b>			Mailing Address <b>2981 NW 79TH AVE MIAMI FL 33122</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>AP-PLIED FOR</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MEHECH, ARCHIE 2981 NW 79TH AVE MIAMI FL 33122</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <i>[Signature]</i> <span style="float: right;">1/31/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D MEHECH, LUIS F 2981 NW 79TH AVE MIAMI FL 33122</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D MEHECH, ARCHIE 2981 NW 79TH AVE MIAMI FL 33122</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <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 <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 <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: <i>[Signature]</i> <span style="float: right;">1/31/05 305-436-9345</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

6600 9322  
# P03000053538

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		<b>EIN</b> 20-2456918 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested ELEFEM INC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 2981 NW 79TH AVE			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code MIAMI FL 33122 -			5b City, state, and ZIP code		
6* County and state where principal business is located County MIAMI State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustee ARCHIE MEHECH			7b* SSN, ITIN, EIN 268-99-9234		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶					
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ RENTAL <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) MAY 6 2004			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0" .....</i> ▶				Agriculture	Household
				Other	
14* Check box that best describes the principal activity of your business					
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Rental & leasing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. RENTAL & LEASING					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... Yes No					
<i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)      City and state where filed      Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name				Designee's telephone number (include area code)
	Address and ZIP code				( ) - Designee's fax number (include area code) ( ) -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly): ▶ ARCHIE MEHECH Signature ▶ Not Required      Date ▶ March 10, 2005 GMT				Applicant's telephone number (include area code) ( ) - Applicant's fax number (include area code) ( ) -	

## ATTACHMENT

Page 1 of 1

**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily66009322  
#P03000053238**Federal Tax ID / EIN**

This is your provisional Employer Identification Number:

**20-2466918**

Today's Date is: March 10, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.  
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.