2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056597

Entity Name: ELLGIE INTERNATIONAL ENTERPRISES, INC.

FILED Mar 22, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8803 NE 4 AVENUE ROAD MIAMI SHORES, FL 33138				6460 MAIN ST BLDG 5 APT.212 MIAMI LAKES, FL 33014 US		
Current Mailing Address:				New Mailing Address:		
8803 NE 4 AVENUE ROAD MIAMI SHORES, FL 33138				6460 MAIN ST BLDG. 5, APT. 212 MIAMI LAKES, FL 33014 US		
FEI Number:	81-0609112	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable () C	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
RIOFLORIDO, GINA 1339 WESTLAND 49 PL UNIT 220 HIALEAH, FL 33012 US				RIOFLORIDO, GINA 6460 MAIN ST BLDG. 5, APT. 212 MIAMI LAKES, FL 33014 US		
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.						
SIGNATURE: GINA H. RIOFLORIDO				03/22/2004		
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	RIOGFLORIDO, 1339 WESTLAN	D 49 PL UNIT 220		Title: Name: Address: City-St-Zip:	D (X) C RIOFLORIDO, GIN 6460 MAIN ST., BI MIAMI LAKES, FL	LDG. 5/APT.212
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () CI YAP, MARIE VICT 1337 W. 49 PL., A HIALEAH, FL 330	NPT. 220
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () CI YAP, JASPER 1337 W. 49 PL., A HIALEAH, FL 330	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () CI MALINAO, CHRIS ¹ 17490 SW 22 ST. MIRAMAR, FL 33	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () CI MENDOZA, HILAR 6460 MAIN ST., BI MIAMI LAKES, FL	LDG.5/APT. 212
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () CI TOLENTINO, AMP 17490 SW 22 ST. MIRAMAR FL 33	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA H. RIOFLORIDO PRES 03/22/2004